

OPAL CHAIR EXERCISE CLASS

INFORMED CONSENT FORM FOR EXERCISE PARTICIPATION

I wish to take part in this exercise programme in order to improve my physical fitness. I understand that the purpose of the programme is to develop and maintain my cardio respiratory system, body composition, flexibility, muscular strength and endurance.

I understand that the activities are designed to place a gradually increasing workload on the cardio respiratory system and thereby improve its function. Also, that the reaction of the cardio respiratory system to such activities cannot be predicted with complete accuracy. I realise that there is a risk of certain changes occurring during or following the exercise, and understand that these changes might include abnormalities of blood pressure and heart rate.

All exercise programmes will include warm-up exercises at target heart rate, and cool down. They will be specific to my needs and ability. All programmes are designed to place a gradually increasing workload on the body in order to improve overall fitness. The rate of progression will be regulated by exercise target heart rate and perceived effort of exercise.

I understand that I am responsible for monitoring my own condition throughout the exercise session, and, should any unusual symptoms occur, will stop and inform my instructor immediately.

In signing this consent form, I confirm that I have read this form in its entirety and that I understand the nature of the exercise session. I also confirm that my questions regarding this exercise programme have been answered to my satisfaction. In consideration for being allowed to participate in this exercise session, I agree to assume the risk of such exercise, and further agree to hold the teacher blameless and not responsible.

NAME

ADDRESS

DATE OF BIRTH

TELEPHONE NUMBER

SIGNED

DATE

WITNESS

DATE

Please read the questions carefully and answer each one as honestly as you can.
To answer the questions, circle Yes or No

1. Do you take any medicines? Yes No
If no, go to question 2.
If yes :- What are they?

Don't Know

- b. What are they for?

Don't Know

2. Have you had any serious illness or been in hospital during the last year? Yes No
If no, go to question 3.
If yes : - What was the trouble?

3. Are you liable to faint or have blackouts or dizzy spells? Yes No

4. a. Do you get short of breath walking with people of your own age on level ground? Yes No

- b. Do you suffer from bronchitis or asthma? Yes No

- c. Do you usually cough up phlegm from your chest? Yes No

5. Have you had severe chest pain in the last year? Yes No
If no, go to question 6.
If yes :-

- b. Did it last more than 10 minutes? Yes No

- c. Where did you get the pain?

- | | | | |
|-----|--|-----|----|
| 6. | Do you suffer from arthritis or aches and pains in the joints? | Yes | No |
| 7. | Do you have any problems with your bones? (Diagnosed osteoporosis, loss of height) | | |
| 8. | Do you suffer from high blood pressure? | Yes | No |
| 9. | a. Do you suffer from deafness? | Yes | No |
| | b. Do you wear a hearing aid? | Yes | No |
| 10. | a. Do you suffer from poor eyesight? | Yes | No |
| | b. Is your eyesight poor even with glasses? | Yes | No |
| 11. | Do you have difficulty in keeping your balance? | Yes | No |
| 12. | Do you have any other health problems? | Yes | No |
| 13. | Is there any other reason why your ability to take part in physical activity may be limited? | Yes | No |
| 14. | Do you regularly smoke? | | |
| | Cigarettes | Yes | No |
| | Cigars | Yes | No |
| | Pipe | Yes | No |
| 15. | Have you ever smoked regularly? | Yes | No |
| 16. | Name and Address of GP | | |

I have read and understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Name

Date

Signature

Witness