

Online Class Registration Form & PARQ

PART 1

Name:	Date of birth:
Phone no: <i>(Required for pre class consultation)</i>	Email:

PART 2 Please circle Yes or No to the questions below – if you answer YES to any question, it is expressly recommended you consult with your medical caregiver before participating.

- Has your medical caregiver advised you that you have a heart condition and advised against some types of activity for this reason? (If yes, please ensure you seek medical clearance from them before you take part) YES /NO
- Do you ever feel pain in your chest when exercising? YES /NO
- Have you ever had chest pains when not exercising? YES /NO
- Do you ever feel faint or have spells of dizziness? YES /NO
- Do you have any muscular, skeletal or joint problem which could be made worse by exercising? YES /NO
- Do you have high blood pressure? YES /NO
- Are you currently taking any medication that the instructor should be made aware of (including inhalers for Asthma or Epi Pens/Auto injectors for insect bites/severe allergic reactions)? YES /NO
- Do you have any existing injuries or are recovering from a recent injury which could be made worse through exercise? YES /NO
- Are you pregnant? Pregnant participants MUST have clearance from their medical caregiver to take part in this class. Signing the form below confirms you have the express permission to do so. YES /NO
- Have you had a baby in the last 12 months? YES/NO
- Is there any other condition, impairment or reason which might affect your ability to take part in this class, including (but not limited to) Epilepsy and Diabetes? YES /NO
- Do you suffer from severe allergic reactions to an insect bites for which you need emergency medical attention? YES /NO

By signing below, I confirm: I am aged 18 years or over, I have answered this questionnaire truthfully and to the best of my knowledge and have read, understood and confirm my acceptance of the terms on page 2 of this form. I understand that any advice received from the instructor, is not a substitute for a consultation with my Medical Caregiver. Please return a scanned or photographed copy of your signed form to zumbacornwall@yahoo.co.uk ensuring your signature is clearly visible.

Signed:	Date:
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Online Class - Terms of Participation

1. Online Dance Fitness (including but not limited to pre-recorded and live streams of Zumba Fitness, Urban Dance fitness and other dance fitness based sessions) offered by Eve Packwood, are a great way to get fit and have fun, but I understand that this involves physical exertion that may be strenuous, may cause physical injury, including death, and I am fully aware of the risks and hazards involved.
2. Where I have answered yes to any of the questions on page 1, I understand that I am expressly recommended to consult with my medical caregiver and seek their clearance to take part before participating in the class. I further understand that if I have answered yes to any question on page 1 and choose to participate without seeking clearance from my medical caregiver, I do so entirely at my own risk. I further understand that Eve Packwood takes no responsibility for any injuries that may be sustained from taking part in the pre recorded or live stream online dance fitness class.
3. I confirm that I have a suitable, non-slip floor space in which to take part the pre recorded or live stream class and I am fully responsible for removing any obstructions that may be hazardous, before each session.
4. I am aware that I should not use blades, weapons or sharp instruments of any description during the class.
5. The space in which I am taking part in the class adheres to social distancing guidelines.
6. I understand I should not take part in the session if I have, or suspect I may have any current health concerns, injuries, aches and pains.
7. The instructor (s) accept no responsibility for any loss, damage or injury to any participants / non-participants, or to the personal property of any participant / non-participant (or to any person accompanying whether by invitation or otherwise) taking part in the class, whether such loss, damage or injury is caused directly or indirectly by the Instructor.
8. The instructor may use the contact information I have provided to get in touch with me for a pre class consultation call.
9. The instructor may additionally use my contact information to inform me of any class cancellations, events or other relevant information about the classes. I understand I have the right not to be informed about this and can request this by emailing zumbacornwall@yahoo.co.uk and requesting that my contact information is not used for these purposes.