



Full Name.....

Email Address.....

Address.....

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Postcode.....

Telephone.....

Date of Birth

Sex

Member type

Unlimited -£39

Corporate £35

1 Class per week £25

Health and fitness goals

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In the event of a serious injury, who should we contact on your behalf?

Name: Contact number:

I understand that in consideration of participating in the course and that by signing this Consent Form, I am declaring the following:

1. That I am of sufficient physical fitness to participate in the course.
2. That I agree to abide by the safety policies as set out by Adventure Fitness Ltd.
3. That I recognise that the course has inherent risks, including injury and possible loss of life, and
4. That Adventure Fitness Ltd Instructors and assistants will not be liable to me now or at any time in the future for any loss, injury, expense, damage or claim that I might have against them for any damage to my property as a result of my participating in the course .
5. Adventure Fitness may take pictures for promotional purposes.

There is no contract and you have the right to cancel your direct debit at anytime.

SIGNATURE: DATE: