

Seated Zumba

Age UK Wakefield District Participation Information

Full Name

Email

Full Postcode

Date of birth

Gender

- ☐ Male
☐ Female
☐ Prefer not to say

How many times a week do you currently exercise

- ☐ Never
☐ Rarely
☐ 1- 2 times per week
☐ Almost every day

Would you describe yourself as having a health condition which impacts your ability to exercise?

- ☐ No
☐ Yes

If yes, can you please give details?

.....
.....

Do you have any accessibility requirements or medical conditions that we need to be aware of or anything else we should know?

.....
.....

How would you rate your overall health?

- ☐ Poor
- ☐ Sometimes poor
- ☐ Average to my peers
- ☐ Good
- ☐ Very good
- ☐ Other, please give details

.....

Do you have any personal goals that you would like to achieve by taking part in this session?

.....

.....

.....

By taking part in this activity, you acknowledge and accept the following:

- You understand that participation in physical exercise involves inherent risks, including the risk of injury.
- You confirm that you are physically able to participate and have consulted a medical professional if necessary.
- You agree to take full responsibility for your own health and safety during the session.
- The organisers and charity accept no liability for any injury or loss sustained during the activity, except where caused by proven negligence.
- If you feel unwell or experience discomfort during the session, you will stop immediately and inform the session leader.

☐ Agree

I give permission for this data to be stored and any photographs, video or audio taped during the class to be used in any media deemed appropriate by Sara Walker / Good Vibe Tribe and Age UK Wakefield District.

☐ Agree