

Buena Vida Health/Consent Form

Privacy Statement

The only third parties your data will be passed onto are our data processors, such as our client database, messaging & email software, which are fully secure and password-protected. We will never pass your data onto any other third parties without your permission or unless we are required to do so by law.

Any medical information you provide us will only be passed onto other third parties, for example a paramedic, if it's necessary, such as a medical emergency. Your personal data will be stored & processed securely. You can request access or erasure of your data at any time by contacting us via email/phone/text.

Providing your contact details is optional but it will allow us to notify you quickly about any class changes/cancellations or changes that may specifically affect you. It will enable you to receive booking & payment confirmations/reminders and would also enable us to deal more quickly with any issues or queries with your account/bookings/payments etc. We may also send you news, special offers, updates & promotions that we feel may be relevant to you.

PLEASE CONFIRM BELOW YOUR CONTACT PREFERENCES (tick all boxes that apply):

Receiving automated notifications/reminders/schedule changes (such as booking/cancellation confirmations, class reminders)

TEXT: EMAIL:

Receiving news/promotional (including newsletters, special offers, news/updates, low session-count reminders, anniversary/birthday emails etc)

TEXT: EMAIL: POST:

Receiving NON-automated communication from us (such as account queries, class changes or other important changes that may affect you)

TEXT: EMAIL: PHONE: POST: FACEBOOK:

AGE PREREQUISITES FOR CLASSES (Providing your DOB is optional, but it is required to enable you to book classes via our mobile app):

BEATZ, CLUBBERCISE & ALL JUNGLE BODY CLASSES: **13+ years** ALL OTHER CLASSES: **11+ years**

IMPORTANT: Because some of our classes use flashing lights, if you have photosensitive epilepsy please consult your GP first before participating in these classes.

We recommend consulting your GP before commencing any new form of physical activity, particularly if you have any health-related concerns that may affect you during exercise. Please always inform your instructor/s of any changes to your health, even if only temporary, that may affect your health or safety whilst participating in any form of physical activity.

**Appropriate clothing/footwear must be worn when participating in any of our fitness classes. Bare feet is acceptable for some classes, please check which classes bare feet is appropriate for. It is not acceptable for you to participate in any of our classes wearing only socks, for your health & safety.*

HAVE YOU ALREADY REGISTERED ON THE WEBSITE OR APP?

NO? Please fill in **ALL** your details below

YES? Please **WRITE YOUR NAME BELOW** then **skip to section 3** (How did you hear about us?)

1. Participant Contact Details

YOUR NAME (BLOCK CAPITALS): _____ Contact no: _____

Email Address (please print): _____ DOB:/...../.....

Address: _____ Postcode: _____

2. Emergency Contact Details

Their Name: _____

Their contact number: _____ Their relationship to you: _____

3. How did you hear about us? _____ (e.g. Search engine, Facebook, flyer, event, word of mouth etc)

4. Do you suffer from/have you suffered from any medical condition? (such as heart/lung condition, asthma, diabetes, epilepsy, hypertension, hip/knee/back problems, dizziness/loss of balance) YES NO

If **YES** to any of the above, **OR** if you have any condition not mentioned above, **OR** are currently taking prescribed medication, please provide more details below:

DECLARATION:

I confirm that I have fully read & understood everything on this form and that I have answered all questions honestly & accurately to the best of my knowledge. I confirm that I have taken all necessary steps to ensure I am physically & mentally able to participate in an acceptable level of physical activity and I understand that it is my own responsibility to choose appropriate classes based on my fitness level & capabilities. I understand the risks involved and although it is very unlikely, in the event that any injury/illness should occur, I do not hold liable the company, its instructors, employees, associated company/brands or anyone else involved with Buena Vida Health & Fitness, unless caused by negligence.

Print name: _____ **Signature:** _____ **Date:**/...../.....

Parent/Guardian Signature (if participant is under 16): _____ **Date:**/...../.....