



Name of person partaking	
Date of Birth	
Parent/Guardian Name (to be filled if user is under 18)	
Emergency Contact Name & Number	

**All information on participants will be kept in the strictest of confidence and adhere to Data Protection Laws.**

Please read the following questions carefully and state **YES** or **NO**. If you state yes, please expand and give detail.

Question	Yes/No	Detail (if answered yes)
Do you suffer from any known heart conditions?		
Have you ever suffered from pains in the chest/heart or shortness of breath?		
Do you often feel faint or suffer from dizziness?		
Do you suffer from high blood pressure?		
Do you suffer from bone or joint problems?		
Do you suffer from any muscle issues?		
Are you currently taking any medication?		
Do you suffer from asthma?		
Do you suffer from Diabetes?		
Do you currently have any disability which requires accommodation to particular needs?		
Is there any reason, not mentioned above, why you should not partake in the activities?		

If you answered No to all the questions above, it can be assumed that the person partaking is ready to begin the activities. However, the fact No has been answered to all questions, is no guarantee that you will have a normal response to the exercise. If Yes was answered, then written permission may be needed from a doctor before undertaking the obstacle course.

“To the best of my knowledge the above medical questionnaire has been completed as accurately as possible to ensure the best information is given to My PT Ltd.”

Participant Signature .....

Date .....

Parent/Guardian Participant .....