



New Client Health Questionnaire & Agreement

Please complete in full and sign. Your information is kept strictly confidential.

YOUR DETAILS

FULL NAME

DATE OF BIRTH

EMAIL

PHONE

EMERGENCY CONTACT NAME

EMERGENCY CONTACT PHONE

PHYSICAL ACTIVITY READINESS (PAR-Q)

Please answer every question honestly.

YES NO

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?

2. Do you feel pain in your chest when you do physical activity?

3. In the past month, have you had chest pain when you were not doing physical activity?

4. Do you lose your balance because of dizziness, or do you ever lose consciousness?

5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?

6. Is your doctor currently prescribing medication for your blood pressure or a heart condition?

7. Do you know of any other reason why you should not do physical activity?

PLEASE LIST ANY INJURIES, MEDICAL CONDITIONS, MEDICATIONS, ALLERGIES, OR IF YOU ARE PREGNANT

If you answered YES to any question, please consult your GP before starting and inform Olly.



Disclaimer, Policies & Agreement

Page 2 of 2 — please read carefully before signing.

HEALTH & FITNESS DISCLAIMER

Personal training and physical exercise carry inherent risks. The training, guidance and information provided by Olly Banks Personal Training are for general fitness purposes only and do not constitute medical advice, diagnosis or treatment. Always consult your GP before beginning any new exercise programme, particularly if you have a pre-existing condition or injury, take medication, or are pregnant. By taking part you confirm you are participating voluntarily and at your own risk. You are responsible for disclosing relevant health information and for stopping and seeking medical attention if you feel unwell. Results vary and are not guaranteed. To the fullest extent permitted by law, Olly Banks Personal Training accepts no liability for injury, loss or damage arising from participation, save for liability that cannot lawfully be excluded (including death or personal injury caused by negligence).

24-HOUR CANCELLATION POLICY

- A minimum of 24 hours' notice is required to cancel or reschedule any session.
- Any session cancelled or rescheduled within the 24-hour window — for any reason — is charged in full.
- Reminders are not issued. It is the client's responsibility to cancel within the cut-off window; late cancellations are charged automatically, without further notification.
- Missed sessions (no-shows) are charged in full. Late arrival does not extend the session.

AGREEMENT

- I confirm the information I have provided is accurate and I will inform Olly Banks of any changes to my health.
- I have read and accept the Health & Fitness Disclaimer. I understand exercise carries risks and I take part voluntarily, at my own risk.
- I accept the 24-hour cancellation policy and understand sessions cancelled within 24 hours are charged in full, automatically and without notification.
- I confirm I am medically able to exercise and, where I answered YES above, I will seek medical clearance before starting.

SIGNATURE

PRINT NAME

DATE

Sign above