

## Client Contact Details

Name \_\_\_\_\_

Address \_\_\_\_\_

Day Tel. Number \_\_\_\_\_

Eve. Tel. Number \_\_\_\_\_

Mob. Number \_\_\_\_\_

E-mail address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Age \_\_\_\_\_

Sex \_\_\_\_\_

Next of Kin (to be contacted only in an emergency)

Name \_\_\_\_\_

Address \_\_\_\_\_

Tel. Number \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Height \_\_\_\_\_

Specific Areas to work on \_\_\_\_\_

To be completed by Power Plate Instructor (if desired)

Date				
Weight				
Body Fat %				
Total Body Water %				
Muscle Mass and Physique Rating				
BMR & Metabolic Age				
Bone Mass				
Visceral Fat Level				
Measurements				
Waist				
Hip				
Thighs				
Arms				

## Health Questionnaire

Please read the following questions carefully and answer each one honestly. Take your time and make sure you understand each question before you answer. If you have any questions please ask for advice.

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

Yes

No

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

Yes

No

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

Yes

No

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

Yes

No

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

Yes

No

Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or a heart condition?

Yes

No

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

**If you suffer from any of the following conditions it is not advisable to exercise using Power Plate machines:**

- Fresh wounds as a result of surgery or outpatient procedures
- Serious heart and/or vascular diseases
- Recent hip or knee replacements (implants)
- Pregnancy
- Acute hernia, discopathy, spondylolysis
- Cancer
- Acute Thrombosis Conditions
- Recent Operations
- Severe diabetes
- Epilepsy
- Tumours
- New inflammations
- Acute migraine
- Pacemaker
- Recently placed IUD, metal pins, bolts and/or plates

Signed: \_\_\_\_\_

Date: \_\_\_\_\_.

## **Informed Consent**

### Participation in any Power Plate® training program

#### Explanation of a Power Plate® training session

The session will consist of activities that are designed to gradually improve the efficiency with which the body functions, although no guarantee of improvement can be made. Exercise levels will be progressive and will be regulated by the trainer. During the session, and for a period after, you may experience local muscular soreness and slight fatigue. These minor discomforts should disappear within 48 hours.

#### Risks and discomforts of **Acceleration Training™** exercise on Power Plate® equipment

The reaction of the body to such activities cannot always be predicted. There exists the risk of certain changes occurring during or following exercise, including abnormalities of blood pressure, heart rate or in rare instances, cardiac complications. Should you feel unwell or unsure please let the trainer know immediately. Every effort will be made to avoid any adverse reaction. Your trainer is qualified in emergency resuscitation (CPR), is aware of the emergency procedures and will minimise the risk of any unexpected events, should they occur. A doctor will not be present during the sessions.

#### Confidentiality

All information acquired during Power Plate® training sessions will be treated as privileged and confidential.

#### Enquiries

You are free to stop the session at any time. Please make sure that before signing this form all your questions have been answered. Take as much time as necessary to think it over and if you wish, discuss your participation with your doctor.

### Vibratility Fitness Terms and Conditions

#### Cancellation Policy

Please note we require at least 24 hours notice for all cancellations otherwise the single session fee may be payable or if you are on a course, one class may be deducted.

Vibratility Fitness reserves the right to refuse admission.

**Client:** \_\_\_\_\_ **Date** \_\_\_\_\_.

**Vibratility Fitness Trainer:** \_\_\_\_\_.