

BRIGHTON & HOVE u3a

GROUP EXERCISE CONSENT FORM

I voluntarily give consent to engage in this group exercise class. I understand that the session may involve progressive stages of increasing effort and that at any time I am free to terminate my participation for any reason. I understand that I am responsible for monitoring my own condition throughout the session, and should any unusual symptoms occur, I will cease my participation and inform the Group Leader of the symptoms.

Unusual symptoms include, but are not limited to: chest discomfort, nausea, difficulty in breathing, dizziness and joint or muscle pain.

In consideration of being allowed to participate in the session, I agree to assume all risks of such exercise, and hereby release and hold harmless Brighton and Hove u3a, the venue and other participants, from any and all health claims for injury, including claims for negligence, arising out of or related to my participation in the group session/s.

Any questions which may have occurred to me concerning this informed consent have been answered to my satisfaction.

Your Name	Emergency Contact Name & Number	Relationship to you	Date

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