

Personal Information and Consent

Personal Information:

Name: _____ Date of Birth: ___/___/___

Address: _____
_____ Post code: _____

Home telephone: _____ Mobile: _____

Doctor's name: _____ Doctors telephone _____

Doctor's address: _____

Emergency Contact Person: _____

Emergency phone: _____ Relationship to emergency contact: _____

Consent:

I, the undersigned, being aware of my own health and physical condition, and having knowledge that my participation is voluntary and am free to deny at any point during the session, am giving my consent to participate in physical activity/sports massage therapy with Clare Barks.

Having such knowledge, I hereby release Clare Barks from liability for accidental injury or illness which I may incur as a result of participating in the said physical activity/sports massage therapy. I hereby adhere to all of the risks connected and consent to participate in the sessions.

I agree to disclose any physical limitations, disabilities, ailments, or conditions which may affect my ability to participate in any fitness program/sports massage session.

Signature: _____ Date: ___/___/___

Clare Barks Personal Training and Sports Massage Therapy