

South East Academy of Martial Arts Fitness Challenge

FULL NAME :.....D O B.....
EMAIL ADDRESS.....TEL (incl. Std code):.....
ADDRESS:.....
.....POST CODE :.....

PLEASE DELETE AS NECESSARY

- 1.) Are you on any medication or have had a recent operation or have any joint problems? **YES / NO**
If YES please give details.....
- 2.) Do you suffer from high blood pressure, heart disease, diabetes, epilepsy, asthma, bronchitis etc? **YES / NO**
If YES please give details.....
- 3.) Are you a new comer to exercise? **YES / NO**
- 4.) Have you any physical problem you think may affect you at FITNESS CHALLENGE **YES / NO**
If YES please give details.....

Fitness Challenge is a very physically intense and demanding workout, it is up to the individual to know their limitations. All participants MUST be over the age of 16.

Declaration

I understand that participating in the *South East Academy of Martial Arts Fitness Challenge* is entirely at my own risk. I shall not hold responsible, the organisers, Officials, or any of my fellow participants for any injury I may sustain.

Signature :..... **Print Name** :.....
(If under 18, to be signed by Parent or Guardian)
Date :.....

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