

Applicant Information	
Name	
Date of Birth	
Email Address	
Address	
Home Phone	
Mobile Phone	
How did you hear about Try2?	

Exercise Waiver
<p>I ..... am aware that participation in training, exercise and activities at the sports centre may expose me to inherent risks, including accidents, injury, damage to property, illness and even death.</p> <p>I confirm I am physically and mentally fit and free from any illnesses or conditions that may be aggravated by the physical activity I choose to participate in. I am a regular user of gyms and familiar with most gym equipment.</p> <p>I therefore assume liability for any possible injury/illness caused whilst participating in exercise at the University of Cambridge Sports Centre.</p> <p>In consideration of my participation and the provision of the sports centre facilities, I agree, on behalf of myself and anyone entitled to act on my behalf, <b>HOLD HARMLESS, WAIVE AND RELEASE</b> the University, its employees, directors, representatives and agents from any responsibility, liabilities or claims of any kind arising out of my participation, except that this waiver shall not be interpreted as an attempt to exclude the University's liability for personal injury or death where caused by the negligence of the University.</p> <p>I am aware that this waiver and release of liability and I voluntarily agree to its terms.</p> <p>Signed..... Date.....</p>

HEALTH FORM				
When did you last take part in an exercise programme? (✓)	<input type="checkbox"/> Never	<input type="checkbox"/> Months ago	<input type="checkbox"/> Years ago	<input type="checkbox"/> Regularly
If you exercise regularly, how often? (✓)	<input type="checkbox"/> Once a week	<input type="checkbox"/> 2-3 times a week	<input type="checkbox"/> 4+ times a week	<input type="checkbox"/> Not applicable
Please tick if the answer is yes to any of the questions below (✓):				
<input type="checkbox"/> Have you ever had heart trouble?				
<input type="checkbox"/> Do you ever have pains in your chest?				
<input type="checkbox"/> Do you often feel faint or dizzy?				
<input type="checkbox"/> Have you ever had high blood pressure?				
<input type="checkbox"/> Have you any joint or bone problems?				
<input type="checkbox"/> Is there any other reason why you should not perform physical exercise or that might affect your ability to exercise?				
If you have ticked any of the questions above, please describe any injuries, illnesses, disabilities or conditions (including pregnancy) below:				
.....				
As far as you are aware, are you allergic to any drugs? (Please state).....				
Are you taking any regular medication? If so, for what reason?.....				