





Participants MUST at all times observe and adhere to SHARE policies, procedures and regulations. Centres at which classes are held have strict guidelines to be followed including their Notice Boards with important information in relation to SHARE classes. Failure to do this at your own risk. SHARE reserves the right to refuse participants from attending SHARE classes.

The participant acknowledges these physical activities may be strenuous and may involve inherent risk of physical injury. The participant agrees to assume risk and responsibility involved with participation in these physical activities.

DECLARATION: I, the undersigned, acknowledge that the above assessment includes participation in physical activities including but not limited to, various exercises controlled in.

I, the undersigned, certify that the information I have given on this form is complete and accurate. In my opinion, there is no medical reason why I should not take part in the SHARE Exercise program. I understand that safety precautions will be observed and I accept that there is a small risk associated with undertaking any exercise Program. I have completed this form and understand it. I will notify my instructor of any changes to my health by completing a new questionnaire.

Witness Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signed Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Signed Participant: \_\_\_\_\_ Date: \_\_\_\_\_

If you have answered yes in Section A, a Health Professional who consents to you participating in physical activities as described in the class description must give their approval below. You cannot attend without this approval.

HEALTH PROFESSIONAL APPROVAL

Health Professional Job Title e.g. General practitioner: \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Postcode: \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Thank you for joining one of SHARE classes, we hope you achieve your desired outcome and enjoy our programs.

Please Return Completed Forms



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