

KSQIGONG CLASSES AND PRACTICE CONSENT & DISCLAIMER FORM (FOR HARROW CARERS). VER. 8

First Name and Surname: (use Capitals)

Home Address:

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Post Code:

Email Address:

Mobile/Tel No.

Emergency Contact .. Name:

Contact No.

Have you done Qigong, Tai Chi, Yoga or other similar exercise routines before? **Yes / No** (circle)

If so, which and for how long?

How would you describe your current fitness level? **Poor / Low / Medium / Good / High** (circle)

*Do you have any injuries or health issues that may affect your training here? **Yes / No** (circle)

If so, which? **Noting** that low/high blood pressure, most forms of epilepsy, psychosis or a recent operation (even frailty) will affect your ability to do these classes, please let me know if these relate to you before training. Please answer as fully as you can, using the reverse side of this form (paper), if needed.

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***Important: Please check with your GP/medical expert that you can engage in these classes beforehand, and if I have any concerns about your suitability for these classes, I may ask you to provide a letter from your GP stating they believe you are fit enough for them.**

I understand that Qigong exercises in these classes shall include movement, stretches, twists and many techniques to relax and focus on breathing, including creative & guided visualisations and resistance bands usage; and that I will only do as much as I feel I am able to, following guided instruction.

I knowingly sign this consent form in the understanding that I assume all responsibility for any injuries, damage or discomfort to me that may arise during my participation in these classes, or on my own (e.g. at home). These group sessions will never (nor must ever) be recorded, either via audio or video.

I understand all of the above and hereby waive any rights to bring legal action or assert a claim against the trainer (Kail, ksQigong, as Agent) or Harrow Carers (as Principal Supplier) for any injury or discomfort arising.

By signing below, you are providing your informed consent to engage in the training.

Signed: Date:

This data will be kept confidentially, securely and under GDPR Compliance and Data Protection Act 2018. Your details may be used to contact you via email or mobile number (e.g. WhatsApp) and on a secure and private client database, which will never be shared with anyone else (person or company), and never uploaded to the web. Please ask me for a copy of this completed form, should you want it.