

Interests

Please indicate from the following what you are interested in:

One to One Personal Training

Use of the Fitness Centre Gym

Health Assessments

Body Pump / Body Combat classes

Pilates classes

Sports Massage

WAVERS OF CLAIM

You are advised that this is confidential and carefully stored or destroyed under the data protection act.

You are reminded that **South Downs College** cannot possibly held responsible for the health of each individual and that it is the responsibility of the individual to either consult with their doctor before exercising or to advise the gym instructor/consultant to the fullest of their knowledge of their medical background.

I have read and understood the above information. And have answered the questions on this form honestly to the best of my knowledge.

I understand that this is an application form to use South Downs College gym and does not suggest or guarantee acceptance on to the scheme.

Signature:.....

Date:.....