

Dance4Ever GDPR ParQ Form

THIS IS INFORMATION WE NEED TO KNOW ABOUT YOU, AND NEED TO KEEP ON FILE. WE HAVE A STRICT POLICY TO COMPLY WITH GDPR REGULATIONS REGARDING THE STORING OF THIS INFORMATION, AND WE KEEP IT IN A LOCKED CABINET. YOUR INFORMATION IS ONLY USED BY US, AND WILL NEVER BE SHARED OR PASSED TO THIRD PARTIES. WE WILL ONLY RETAIN IT FOR AS LONG AS WE NEED IT – TYPICALLY WHILE YOU ARE A STUDENT.

NAME :	EMAIL :
ADDRESS :	
TELEPHONE : HOME :	MOBILE :

PLEASE READ AND COMPLETE CAREFULLY (WRITE **YES** OR **NO**) :

1. Has a doctor ever said that you have a heart condition and not to take part in physical activity?	
2. Do you have chest pain brought on by physical activity?	
3. Have you developed a chest pain in the last month?	
4. Do you lose consciousness or fall over as a result of dizziness?	
5. Do you have a bone or joint problem that could be aggravated by physical activity?	
6. Has a doctor ever recommended medication for your blood pressure or a heart condition?	
7. Are you aware through your own experience, or doctor’s advice, or any other reason why you should not do physical activity without medical supervision and/or approval?	
8. Please outline any other relevant information that may affect your ability to exercise:	
9. Any Known allergies?	
10. Pre-existing medical conditions?	
11. Current medication?	

If you have answered YES to any of the above questions, are pregnant, have a history of heart disease, or suffer from any other medical condition, we strongly recommend that you obtain your doctor’s consent before you take part in these classes/events.

Information Consent:

I realize that my body’s reaction to physical activity is not totally predictable. Should I develop a condition that affects my ability to exercise, I will inform my instructor immediately, seek medical advice, and stop exercising when necessary. I take full responsibility for monitoring my own physical condition at all times.

You agree by signing below that you are taking part in these classes/events at your own risk and that Dance4Ever and/or instructors will not be responsible for any injury, loss, or harm of any kind that may result directly or indirectly from you taking part in these classes/events, other than death or personal injury caused by negligence.

I consent to you keeping the information on this form securely, and using it to contact me when needed, eg. Class cancellations.

Also, as part of the Dance4Ever community building, we post photos of classes / events, and by signing below I’m granting my consent to be included in those.

SIGNED :	DATE :
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IN CASE OF EMERGENCY CONTACT:

NAME :	PHONE :
ADDRESS :	

Dance4Ever disclaimer

Dance4Ever classes are designed to help you reach your health and fitness goals.

Information provided through Dance4Ever does not purport to be and must not be taken as medical advice, therefore, before starting any exercise regime you should consider consulting your doctor, especially if you have any medical condition(s) or are taking medication, are pregnant or have any related concerns. If you have asthma, diabetes, a heart condition, growth condition, recovering from Covid or have experienced chest pains or dizziness in the last month, we strongly advise you NOT to participate in any of our Classes or Livestream-classes, activities and any other products and/or services which Dance4Ever provides.

By using the Dance4Ever classes, you recognise that there is always an element of risk involved with any physical activity and your attendance at or participation in any Session is solely at your own risk. If at any time during a Session you feel discomfort or pain, you should cease the exercise and seek medical assistance as required. Your participation in these Sessions are entirely voluntary and you may opt out at any given time if you so wish.

You agree that Dance4Ever will not be liable for any injury, loss, claim, damage or any special, exemplary, punitive, indirect or consequential damages of any kind, which arises out of or is in any way connected with your attendance at or participation in any Session.

Coronavirus/COVID-19

I acknowledge the contagious nature of Coronavirus/COVID-19 and that public health authorities still recommend practicing social distancing. While I further acknowledge that Dance4Ever has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19, I acknowledge that Dance4Ever cannot guarantee that I will not become infected with the Coronavirus/Covid-19, which may result from the actions, omissions, or negligence of myself and/or others, including, but not limited to, instructors, helpers, and other clients and their families.

I voluntarily seek services provided by Dance4Ever and acknowledge that I am increasing my risk of exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending my classes.

I attest that:

- * I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- * I have not travelled to a highly impacted area within the UK in the last 14 days.
- * I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
- * I have not been diagnosed with Coronavirus/Covid-19 and not yet been cleared as non-contagious by state or local public health authorities.
- * I am following all public health recommended guidelines as much as possible, and limiting my exposure to the Coronavirus/COVID-19.

I hereby release and agree to hold Dance4Ever harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of classes, or that may otherwise arise in any way in connection with any services received from Dance4Ever.

I understand that this release discharges Dance4Ever from any liability or claim that I, my heirs, or any personal representatives may have against Dance4Ever with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from Dance4Ever. This liability waiver and release extends to the Dance4Ever together with all owners, partners, and employees.

I acknowledge that it is my responsibility to monitor my and my family's health, going forward for the safety of others, therefore if anything changes regarding any of the above, I will take the appropriate action, as specified by Public Health Authority.

Name:

Signed:

Date: