## Classes with Liam Broderick, Exercise to Music Instructor - Newquay Tretherras Senior Hall



**ZUMBA** the world famous latin fitness dance party! Mon/Fri 6.20pm (55mins-1hour)

ZUMBA STEP Zumba with a max leg and core workout! Tues 6.20pm (55 mins-1 hour) PRE-BOOK!

**STRONG by Zumba** *high intensity interval training – no dancing!* **Tues 7.30pm** (55 mins-1 hour)

**ZUMBA GOLD** a lower intensity latin dance fitness workout for everyone! **Fri 5.30pm** (45 mins)

**CLUBBERCISE** workout to Club tunes with disco lights and glowsticks! **Mon/Fri 7.30pm** (55 mins-1 hour)

Detach on the dotted line to retain Liam's contact and class details!

Address:  Tel Nos:  Email:  Emergency Name/No:  Physical Activity Questionnaire — please circle Yes or No to the following:  Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? (a GP letter is required)  Do you feel pain in your chest when you do physical activity? And/or when resting?  Pyes NO  Do you suffer from epilepsy? Flashing lights are used in most classes  YES NO  Are you pregnant? If YES how many months? (a GP/widwife letter is required)  YES NO  Do you lose your balance because of dizziness or do you ever lose consciousness?  YES NO  Do you have a bone or joint problem (for example back, knee, hip) that could be made worse by a change in your physical activity?  Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart conditions?  Are you taking any medication that may affect your performance in a fitness class?  YES NO  Do you know of any other reason why you should not do physical activity?  YES NO  If any answer above is Yes it is advised to seek medical advice before continuing  You will receive emails about Get Fit Newquay and the classes and events. To opt out write 'no emails'  By signing this form I agree that I have answered truthfully to the above Physical Activity Questionnaire and that I completely agree to and abide by the written statements overleaf.  Signed:  Date://							
Tel Nos:  Email:  Emergency Name/No:  Physical Activity Questionnaire — please circle Yes or No to the following:  Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? (a GP letter is required)  Do you feel pain in your chest when you do physical activity? And/or when resting?  PES NO  Do you suffer from epilepsy? Flashing lights are used in most classes  Are you pregnant? If YES how many months? (a GP/widwife letter is required)  PES NO  Do you lose your balance because of dizziness or do you ever lose consciousness?  PES NO  Do you have a bone or joint problem (for example back, knee, hip) that could be yes NO  made worse by a change in your physical activity?  Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart conditions?  Are you taking any medication that may affect your performance in a fitness class?  YES NO  Do you know of any other reason why you should not do physical activity?  YES NO  If any answer above is Yes it is advised to seek medical advice before continuing  You will receive emails about Get Fit Newquay and the classes and events. To opt out write 'no emails'  By signing this form I agree that I have answered truthfully to the above Physical Activity Questionnaire and that I completely agree to and abide by the written statements overleaf.	Name:						
Emergency Name/No:  Physical Activity Questionnaire — please circle Yes or No to the following:  Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? (a GP letter is required)  Do you feel pain in your chest when you do physical activity? And/or when resting?  YES NO  Do you suffer from epilepsy? Flashing lights are used in most classes  YES NO  Are you pregnant? If YES how many months? (a GP/widwife letter is required)  YES NO  Do you lose your balance because of dizziness or do you ever lose consciousness?  YES NO  Do you have a bone or joint problem (for example back, knee, hip) that could be made worse by a change in your physical activity?  Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart conditions?  Are you taking any medication that may affect your performance in a fitness class?  YES NO  Do you know of any other reason why you should not do physical activity?  YES NO  If any answer above is Yes it is advised to seek medical advice before continuing  You will receive emails about Get Fit Newquay and the classes and events. To opt out write 'no emails'  By signing this form I agree that I have answered truthfully to the above Physical Activity Questionnaire and that I completely agree to and abide by the written statements overleaf.	Address:						
Emergency Name/No:  Physical Activity Questionnaire — please circle Yes or No to the following:  Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? (a GP letter is required)  Do you feel pain in your chest when you do physical activity? And/or when resting?  Do you suffer from epilepsy? Flashing lights are used in most classes  YES NO  Are you pregnant? If YES how many months? (a GP/widwife letter is required)  Pess NO  Do you lose your balance because of dizziness or do you ever lose consciousness?  YES NO  Do you have a bone or joint problem (for example back, knee, hip) that could be made worse by a change in your physical activity?  Is your doctor currently prescribing drugs (for example, water pills) for your blood yes no heart conditions?  Are you taking any medication that may affect your performance in a fitness class?  YES NO  Do you know of any other reason why you should not do physical activity?  YES NO  If any answer above is Yes it is advised to seek medical advice before continuing  You will receive emails about Get Fit Newquay and the classes and events. To opt out write 'no emails'  By signing this form I agree that I have answered truthfully to the above Physical Activity Questionnaire and that I completely agree to and abide by the written statements overleaf.	Tel Nos:						
Physical Activity Questionnaire — please circle Yes or No to the following:  Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? (a GP letter is required)  Do you feel pain in your chest when you do physical activity? And/or when resting?  PES NO  Do you suffer from epilepsy? Flashing lights are used in most classes  YES NO  Are you pregnant? If YES how many months? (a GP/widwife letter is required)  Po you lose your balance because of dizziness or do you ever lose consciousness?  PES NO  Do you have a bone or joint problem (for example back, knee, hip) that could be made worse by a change in your physical activity?  Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart conditions?  Are you taking any medication that may affect your performance in a fitness class?  YES NO  Do you know of any other reason why you should not do physical activity?  YES NO  If any answer above is Yes it is advised to seek medical advice before continuing  You will receive emails about Get Fit Newquay and the classes and events. To opt out write 'no emails'  By signing this form I agree that I have answered truthfully to the above Physical Activity Questionnaire and that I completely agree to and abide by the written statements overleaf.	Email:						
Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? (a GP letter is required)  Do you feel pain in your chest when you do physical activity? And/or when resting?  PES NO  Do you suffer from epilepsy? Flashing lights are used in most classes  Are you pregnant? If YES how many months? (a GP/widwife letter is required)  PES NO  Do you lose your balance because of dizziness or do you ever lose consciousness?  PES NO  Do you have a bone or joint problem (for example back, knee, hip) that could be made worse by a change in your physical activity?  Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart conditions?  Are you taking any medication that may affect your performance in a fitness class?  PES NO  Do you know of any other reason why you should not do physical activity?  YES NO  If any answer above is Yes it is advised to seek medical advice before continuing  You will receive emails about Get Fit Newquay and the classes and events. To opt out write 'no emails'  By signing this form I agree that I have answered truthfully to the above Physical Activity Questionnaire and that I completely agree to and abide by the written statements overleaf.			Date of	Birth			
do physical activity recommended by a doctor? (a GP letter is required)  Do you feel pain in your chest when you do physical activity? And/or when resting?  YES NO  Do you suffer from epilepsy? Flashing lights are used in most classes  YES NO  Are you pregnant? If YES how many months? (a GP/widwife letter is required)  Do you lose your balance because of dizziness or do you ever lose consciousness?  YES NO  Do you have a bone or joint problem (for example back, knee, hip) that could be made worse by a change in your physical activity?  Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart conditions?  Are you taking any medication that may affect your performance in a fitness class?  YES NO  Do you know of any other reason why you should not do physical activity?  YES NO  If any answer above is Yes it is advised to seek medical advice before continuing  You will receive emails about Get Fit Newquay and the classes and events. To opt out write 'no emails'  By signing this form I agree that I have answered truthfully to the above Physical Activity Questionnaire and that I completely agree to and abide by the written statements overleaf.	<b>Physical Activity Questionnaire</b> – please circle <b>Yes</b> or <b>No</b> to the following:						
Do you suffer from epilepsy? Flashing lights are used in most classes  Are you pregnant? If YES how many months? (a GP/widwife letter is required)  Do you lose your balance because of dizziness or do you ever lose consciousness?  YES  NO  Do you have a bone or joint problem (for example back, knee, hip) that could be made worse by a change in your physical activity?  Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart conditions?  Are you taking any medication that may affect your performance in a fitness class?  YES  NO  Do you know of any other reason why you should not do physical activity?  YES  NO  If any answer above is Yes it is advised to seek medical advice before continuing  You will receive emails about Get Fit Newquay and the classes and events. To opt out write 'no emails'  By signing this form I agree that I have answered truthfully to the above Physical Activity Questionnaire and that I completely agree to and abide by the written statements overleaf.				YES	NO		
Are you pregnant? If YES how many months? (a GP/widwife letter is required)  Do you lose your balance because of dizziness or do you ever lose consciousness?  YES NO  Do you have a bone or joint problem (for example back, knee, hip) that could be made worse by a change in your physical activity?  Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart conditions?  Are you taking any medication that may affect your performance in a fitness class?  YES NO  Do you know of any other reason why you should not do physical activity?  YES NO  If any answer above is Yes it is advised to seek medical advice before continuing  You will receive emails about Get Fit Newquay and the classes and events. To opt out write 'no emails'  By signing this form I agree that I have answered truthfully to the above Physical Activity Questionnaire and that I completely agree to and abide by the written statements overleaf.	Do you feel pain in your chest when you do physical activity? And/or when resting?			YES	NO		
Do you lose your balance because of dizziness or do you ever lose consciousness?  YES NO  Do you have a bone or joint problem (for example back, knee, hip) that could be made worse by a change in your physical activity?  Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart conditions?  Are you taking any medication that may affect your performance in a fitness class?  YES NO  Do you know of any other reason why you should not do physical activity?  YES NO  If any answer above is Yes it is advised to seek medical advice before continuing  You will receive emails about Get Fit Newquay and the classes and events. To opt out write 'no emails'  By signing this form I agree that I have answered truthfully to the above Physical Activity Questionnaire and that I completely agree to and abide by the written statements overleaf.	Do you suffer from epilepsy? Flashing lights are used in most classes			YES	NO		
Do you have a bone or joint problem (for example back, knee, hip) that could be made worse by a change in your physical activity?  Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart conditions?  Are you taking any medication that may affect your performance in a fitness class?  Po you know of any other reason why you should not do physical activity?  If any answer above is Yes it is advised to seek medical advice before continuing  You will receive emails about Get Fit Newquay and the classes and events. To opt out write 'no emails'  By signing this form I agree that I have answered truthfully to the above Physical Activity Questionnaire and that I completely agree to and abide by the written statements overleaf.	Are you pregnant? If YES how many months? (a GP/widwife letter is required)			YES	NO		
Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart conditions?  Are you taking any medication that may affect your performance in a fitness class?  Do you know of any other reason why you should not do physical activity?  If any answer above is Yes it is advised to seek medical advice before continuing  You will receive emails about Get Fit Newquay and the classes and events. To opt out write 'no emails'  By signing this form I agree that I have answered truthfully to the above Physical Activity Questionnaire and that I completely agree to and abide by the written statements overleaf.	Do you lose your balance because of dizziness or do you ever lose consciousness?			YES	NO		
pressure or heart conditions?  Are you taking any medication that may affect your performance in a fitness class?  YES NO  Do you know of any other reason why you should not do physical activity?  YES NO  If any answer above is Yes it is advised to seek medical advice before continuing  You will receive emails about Get Fit Newquay and the classes and events. To opt out write 'no emails'  By signing this form I agree that I have answered truthfully to the above Physical Activity Questionnaire and that I completely agree to and abide by the written statements overleaf.					YES	NO	
Do you know of any other reason why you should not do physical activity?  If any answer above is Yes it is advised to seek medical advice before continuing  You will receive emails about Get Fit Newquay and the classes and events. To opt out write 'no emails'  By signing this form I agree that I have answered truthfully to the above Physical Activity Questionnaire and that I completely agree to and abide by the written statements overleaf.					YES	NO	
If any answer above is Yes it is advised to seek medical advice before continuing  You will receive emails about Get Fit Newquay and the classes and events. To opt out write 'no emails'  By signing this form I agree that I have answered truthfully to the above Physical Activity Questionnaire and that I completely agree to and abide by the written statements overleaf.	Are you taking any medication that may affect your performance in a fitness class?				YES	NO	
You will receive <b>emails</b> about Get Fit Newquay and the classes and events. To opt <b>out</b> write 'no emails'  By signing this form I agree that I have answered truthfully to the above Physical Activity Questionnaire and that I completely agree to and abide by the written statements overleaf.	Do you know of any other reason why you should not do physical activity?				YES	NO	
By signing this form I agree that I have answered truthfully to the above Physical Activity Questionnaire and that I completely agree to and abide by the written statements overleaf.	If any answer above is Yes it is advised to seek medical advice before continuing						
and that I completely agree to and abide by the written statements overleaf.	You will receive <b>emails</b> about Get Fit Newquay and the classes and events. To opt <b>out</b> write 'no emails'						
Signed: Date:/	, , , , , , , , , , , , , , , , , ,						
	Signed:	Date	e:		//	/	

## **PRICE STRUCTURE:**

Your 1st class with us is FREE\*!

Your 1st class in the week: £5

Any further classes in the same week: £3Your 4<sup>th</sup> class in the week is **FREE**!

(note the week runs Monday to Friday)
\*Clubbercise is FREE with purchase of glowsticks at £5

**Contact Details:** Liam Broderick

Call/Text 07855 734984

Email getfitnewquay@gmail.com

Pre-book Step at getfitnewquay.co.uk

Facebook/Twitter @getfitnewquay

Further info: zumba.com /

strongbyzumba.com / clubbercise.com

Detach on the dotted line to retain Liam's contact and class details!

By signing overleaf you have agreed to the following: (note GETFITNEWQUAY® refers to all classes taught by Liam Broderick and includes Zumba, Zumba Step, Zumba Gold, STRONG BY Zumba and Clubbercise)

- 1. I am participating in *GETFITNEWQUAY*® Fitness classes offered by a qualified instructor. I recognize that all *GETFITNEWQUAY*® Fitness classes require physical exertion that may be strenuous and may cause physical injury, including death, and I am fully aware of the risks and hazards involved.
- 2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in *GETFITNEWQUAY*® Fitness classes. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in *GETFITNEWQUAY*® Fitness classes.
- 3. In consideration of being permitted to participate in *GETFITNEWQUAY*® Fitness classes, I agree to assume full responsibility for any risks, injuries or damages (known or unknown), property damage or loss of any kind in which I may incur as a result of participating in *GETFITNEWQUAY*® Fitness classes.
- 4. In further consideration of being permitted to participate in *GETFITNEWQUAY*® Fitness classes, I knowingly, voluntarily and expressly waive any claim I may have against the authorized Instructor(s) for any injuries or damages (known or unknown), property damage or loss of any kind, including death that I may sustain as a result of participating in any *GETFITNEWQUAY*® Fitness class.
- 5. This is a legally binding Release, Waiver, Discharge and Covenant Not to Sue (collectively "Release") the authorized Instructor(s) for any injury, death, property damage or loss of any kind caused by my voluntary participation in any *GETFITNEWQUAY*® Fitness class. This Release, Waiver, Discharge and Covenant Not to Sue is made voluntarily by me, the undersigned Releaser, on my own behalf, and on behalf of my heirs, executors, administrators, and legal representatives.
- 6. I hereby grant Liam Broderick, permission to use my likeness in a photograph or video in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of Liam Broderick and will not be returned. I hereby irrevocably authorize Liam Broderick to edit, alter, copy, exhibit, publish or distribute this photo or video for purposes of publicizing *GETFITNEWQUAY*® fitness programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph or video. I also permit contact by email with regard to classes and events.
- 7. I hereby hold harmless and release and forever discharge Liam Broderick from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.
- 8. I have read the above release, waiver of liability and assumption of risk, fully understand its contents and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily and intend by my signature to be the complete and unconditional release of all liability. I voluntarily agree to the terms and conditions stated above for as long as I participate in any *GETFITNEWQUAY*® Fitness class under the instruction of Liam Broderick.