



Disclaimer for payment

This disclaimer governs payments block booking of x6 sessions. I will ask you to sign this disclaimer when booking. Please read carefully my guidelines and if unsure please ask with any further questions.

The following Terms and Conditions apply

Payment and cancellations

1. I except payment by PayPal, electronic transfer, cheque or cash. Full payment is required 7 days prior to the course start date with a consultation form and disclaimer signed.
Once received I will contact you to confirm your place on the course. In exceptional cases these may be done in the class and a cash payment may be made on the first day of the course, if a place is available.
2. If a cancellation is made by yourself 5 days prior to the start of the course, then 50% of the booking will be refunded. If cancellations are made after this time I cannot provide a refund. Refunds will only be offered in the case of me cancelling a course/session with no available alternative offered.
3. I reserve the right to cancel a class due to limited attendance, if this happens I will offer you a place on a subsequent course, or refund all your money.
4. Aura Health & Fitness is under no obligation to refund sessions that are be missed due to local adverse weather when the venue and environment is safe and accessible to use or missed sessions during the 6 week course due to illness, holidays or any other events that may happen.

Personal Details

Name

..... DOB.....

Address.....

Phone number.....

Mobile number.....

Email address.....

Payment method preferred: Paypal BAC Cash Cheque



GDPR & Data Protection Contract Disclaimer

Giving consent to lawful basis for processing my personal data at AURA.

Allowing justification in using my personal data to create a exercise programme/classes personalised to my health and wellbeing. Confidentiality will be kept at all times and only in a case of emergency would i give permission to share my personal data.

I understand that I may withdraw information I have provided inline with the general data protection regulation (May2018) by contacting Debi Armstrong.

I give Aura consent to contact me by

Email Text Telephone

Private inbox social media

Please tick accordingly.

I confirm that I have read and understood the document I have been provided and give consent to my personal data being stored.

Signed Date.....

Print Name Date.....

Confidentiality

Privacy is important and any personal information you give will be used in accordance with the Data Protection Act 1998.

Here at Aura Health & Fitness we ask for confidentiality of any issues disclosed in a group session. During a group session, clients may discuss health issues or personal feelings they are experiencing from class or after effects. Please respect and do not discuss this with others outside sessions.

Photographs

Aura may ask to take photographs of you engaging in exercise from time to time. These photographs may also be used for my Facebook page and other advertising materials. Please feel free to opt out if you do consent.



Personnel possessions

Aura does not accept any responsibility for the loss or damage of any personal possessions. Please be responsible and take care of your own possessions

This disclaimer means you acceptance of the Terms & Conditions. Please delete where necessary and sign the disclaimer below. Please keep a copy of the terms and conditions and disclaimer

I have read all the above safety guidelines and will ensure that I adhere to them.

I understand the payments and refund conditions and adhere by them.

I **do / do not** give permission for you to take photos during all sessions for marketing purposes

If I agree to take part in the exercise therapy programme what do I have to do?

- Agree to regularly attend the sessions.
- Follow your exercise therapy programme as directed.
- Keep the therapist informed if you are unable to attend.
- Please ensure you inform the therapist of any changes in your condition/injury or if your GP changes your medication or treatment programme.
- Let the therapist know if you experience any problems with your exercise therapy programme.
- Please Inform your therapist and your GP if you feel any of the following symptoms during physical activity:
 - Dizzy/faint
 - Unusually short of breath
 - Chest pains
 - Musculoskeletal pain not previously experienced or injury

Questions?

Any concerns or questions you have about your pre-exercise assessment or taking part in the therapy exercise programme are encouraged. You are also encouraged to ask about your exercise therapy programme at any time.



Freedom of Consent.

Please tick

I understand that my participation in the exercise therapy programme is entirely voluntary and that I am free to withdraw at any time.

I have read this form and I understand what I will be asked to do.

I consent to participating in the exercise therapy programme

I will undertake to keep you informed about any changes in my condition and/or medication.

I have read this form and I understand what I will be asked to do during the pre-exercise assessments/screening.

Patient/client Name: _____

Patient/client Signature: _____

Date: _____

How did you hear about Aura	
Advert/leaflets	Where?
Word of mouth/recommendation	Who?
Web site	Which search engine did you use?
Social Media	Are you following Aura on Facebook, Instagram and Twitter?