Name _____ DOB _____

Address _____

_____ Postcode _____

Phone _____ Email Address _____

Person to contact in case of an emergency:

Name _____

Phone _____

Declaration

By taking part in Revelation Fitness Classes at St Peter's I agree that (please tick):

☐ I participate in physical exercise entirely at my own risk and therefore release St Peter's from any and all claims or liabilities for injuries or damages to my person and or/property.

☐ I will inform the class leader of any injuries or medical conditions that may affect my ability to exercise.

Your Personal Information

Your privacy is important to us, and we want to communicate with class members in a way which has their consent, and which is in line with UK law on data protection.

Revelation Wellness Aylesbury is an activity run by St Peter's Church, Quarrendon, Aylesbury. By signing this form you are confirming that you consent to the PCC of St Peter's Church, Quarrendon, Aylesbury holding and processing your personal data for the following purposes

Please tick the boxes where you grant consent:

☐ St Peter's Church may contact me by phone, email & text (delete any that don't apply) (you can unsubscribe from any regular church notices / e-bulletin at any time)

Please give any further information that may be relelvant in this space:

_____

_____

Signed: _____ Date: _____

LOVE GOD. GET HEALTHY. BE WHOLE. LOVE OTHERS.