



MOUNT ERRIGAL HOTEL

Letterkenny
Co. Donegal

Ballyraine, Letterkenny, Co. Donegal. Ireland.

Tel. 074/9122700 Fax. 074/9125085
0035374/9122700 (N.I. & U.K)

Email: info@mounterrighal.com
Website: www.mounterrighal.com

RESIDENT HEALTH DISCLAIMER FORM

(Private & Confidential)

Forename:		Surname:	
Address:			
Mobile Number:		Date of Birth:	
Emergency Contact Name:		Emergency Contact Number:	
Room Number:			

Please read the questions carefully and answer each one honestly:

1. Do you have a history of heart disease, angina or any other heart related disease? Details:	Yes	No
2. Do you ever feel pain in your chest when you exercise? Details:	Yes	No
3. Do you suffer from high blood pressure? Details:	Yes	No
4. Do you ever feel faint or have dizzy spells? Details:	Yes	No
5. Do you suffer from any muscle, joint or back disorder which may be aggravated by exercise? Details:	Yes	No
6. Do you suffer from diabetes? Details:	Yes	No
7. Do you suffer from epilepsy? Details:	Yes	No
8. Are you recovering from a recent illness or operation? Details:	Yes	No
9. Do you know of any other reason why you should not do physical activity? Details:	Yes	No
10. Are you pregnant? Details:	Yes	No
If you answered YES to any of these questions you may be asked to obtain medical clearance from your doctor prior to participation. Even if you answered NO to all the questions we recommend that you arrange a general check-up with your doctor before commencing any exercise programme.		
Please note, if the answer to any of the above questions change you must inform a staff member immediately.		

Declaration:

I am aware of the risks involved in any activity I will take part in. I realise that participation in any form of exercise carries some risk. I hereby certify that I am in good health and that I am aware of no medical conditions (except that already noted above) that may increase my risk of illness or injury due to any exercise I will undertake. I have read and understand this questionnaire and I hereby exempt, release and discharge the class instructor from liability for any injury or illness which may arise as a result of my participation in any class.

Signature:		Date:	
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Processing Sensitive Personal Data Under Consent:

Please sign to confirm that you agree to Mount Errigal Hotel processing your health/medical data as specified on this form and in the Privacy Notice:

Signature:		Date:	
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PLEASE NOTE YOU MUST COMPLETE THIS FORM ON EACH VISIT TO THE HOTEL

DIRECTORS:
TERRY McENIFF, LORETO McENIFF

Company Reg. No. 77772
V.A.T. No. IE 4591877 1

LEISURE CENTRE RULES & REGULATIONS

1. A Health Disclaimer Form and Induction form must be completed on each visit.
2. Gym and Fitness Classes are strictly 18's and over.
3. Gym equipment is used at your own risk and must be used correctly.
4. Trainers must be worn at all times (except during Pilates).
5. Coats and bags must not be brought into the gym, please use lockers provided in changing rooms.
6. In the interest of hygiene always wipe down the equipment after use.
7. If you feel dizzy or light headed at any time, stop your workout and inform a member of staff.
8. The pool is an adult only area from 7.30pm, under 18's are not permitted after this time.
9. Children under 13 must have an adult **in the water** with them at all times. Adults are not allowed to supervise from pool deck.
10. Children aged 16 and under must have an adult in the facility whilst they are in the pool.
11. Adult to child ratio is 3:1.
12. Running, jumping and diving are not allowed within the pool area.
13. Swim hats must be worn in the pool at all times, these can be purchased at the Leisure Club reception for €3 each.
14. All persons must shower before using the swimming pool, and shower before and after using the Sauna, Steam Room, Plunge Pool, Jacuzzi or Heated Loungers.
15. The Health Suite (including Jacuzzi) is strictly 18's and over.
16. Please limit your time on the heated loungers to 15 minutes during busy periods, this will ensure everybody gets a chance to sit back and relax.

GYM INDUCTION

I have undertaken an appropriate induction at the Mount Errigal Leisure Centre for any activity I will do.

I understand that after my induction I will take part in fitness classes and use any equipment at my own risk.

I agree to ask for assistance if I need any further guidance.

I have seen and read a copy of the Leisure Centre 'Rules & Regulations' and I agree to abide by them. From time to time the Leisure Centre will need to amend their 'Rules & Regulations' and I understand there will be an updated copy on the Reception Notice Board.

I have completed a 'Health Disclaimer Form' and I agree to inform the Leisure Club Manager of any changes to my medical condition.

GDPR Personal Data Processing Declaration:

Mount Errigal Hotel will process your personal information to meet our legal, statutory and contractual obligations and to provide you with our products and services. Please refer to our GPDR Privacy Notice for more explicit details on same.

Resident Signature:		Date:	
Instructor Signature:		Date:	