



WAIVER & RELEASE FORM

YOUR ACKNOWLEDGEMENT OF RISK & INJURY

Physical Exercise can be strenuous and subject to risk of serious injury. *AGOOD HEALTH & BODY* your personal trainer and or group fitness instructor urges you to obtain a physical examination from a medical practitioner, before beginning any exercise or training program.

You hereby accept that participating in these physical exercise sessions, competitions or personal training activities; you do so **entirely at your risk**. You understand and fully accept that physical exercise is not without dangers and **assume all risks of serious injury**. The risks include but not limited to

- The sudden and unforeseen malfunctioning of any equipment
- Our instruction, training, supervision, programs or dietary recommendations
- Muscle tears, strains, bruises, broken bones, cardiac arrest, stroke, paralysis, loss of limb/s, dehydration, dislocation, rhabdomyolysis, cuts, burns, inc death

You hereby agree to follow all directions, rules and instructions, whether given orally or in writing, from (trainers, volunteers, officials etc). You acknowledge that you use the training equipment, machine, weight bars, benches etc entirely at your own risk. You acknowledge that all information provided by you in any pre-screening questionnaire is true and correct and that your ability to exercise is not impaired by any illness or injury. You hereby acknowledge that you will inform *AGOOD HEALTH & BODY* of any injuries or illness immediately prior to exercising or participating in any training classes and that whilst all care is taken, *AGOOD HEALTH & BODY* is not responsible for any exacerbation of previous injuries.

You hereby agree to release and discharge your personal trainer or instructor from *AGOOD HEALTH & BODY* or their agents to the full extent law from any and all claims and demands in respect to any loss, damage, pain, suffering, injury, or illness to person or property whether *AGOOD HEALTH & BODY* acted negligently or otherwise.

If you have a child/children and they are present at any fitness assessments, activity, class, program, walks/runs, events they are entirely at your own risk and it is your responsibility to supervise them at all times.

You acknowledge that you have sought advice from a qualified health professional or doctor regarding your ability to participate in the exercise programs, classes, etc. You acknowledge that you have carefully read this waiver and release and fully understand that it is a release of liability.

STATE YOUR FULL NAME			
SIGNATURE		DATE	
PARENT/ GUARDIAN SIGNATURE if under 18		DATE	

Approved By	Alena Bidgood	Date	07/11/12	Revision	1.1
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