



WAIVER & RELEASE FORM CHILD <18

YOUR ACKNOWLEDGEMENT OF RISK & INJURY

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

You hereby accept that your child participates in these physical exercise sessions, acro classes, competitions or personal training activities; your child does o **entirely at your own risk**. You understand and fully accept that physical exercise is not without dangers and **assume all risks of serious injury of your child/children**. 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 have your child follow all directions, rules and instructions, whether given orally or in writing, from (trainers, teachers, assistants, volunteers, officials etc). You acknowledge that your child’s use of the training equipment, machines, ropes, bars, rings, boxes entirely at your own risk. You acknowledge that all information provided by you in any pre-screening questionnaire of your child/children is true and correct and that your child/children’s 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 of your child/children immediately prior to your child/children 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 any siblings 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 child/children’s 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.

NAME OF PARTICIPANT			
STATE YOUR FULL NAME		DATE	
SIGNATURE		DATE	

Approved By	Alena Bidgood	Date	09/01/2016	Revision	1.0
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