



HEALTH & FITNESS

healthy bodies - healthy minds - healthy lives

CLIENT INFORMATION

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| What types of exercise to you enjoy? | |
| What types of exercise to you not enjoy? | |
| Do you play any sports? | |
| What are your favourite foods? | |
| Would you like some guidance with your current eating patterns | |
| What changes are you prepared to make to your lifestyle to achieve your goals? | |
| What would you like from your programme? | |

WARNING - This is a LEGAL DOCUMENT which affects your rights

Agreement for Participating in Personal / Group Fitness and Conditioning Training

The 'TRAINER' refers to the Australian Registered Business 'Create Health and Fitness'. The 'ACTIVITY' refers to the participation in personal/group strength fitness and conditioning training and general advices.

I acknowledge that it is a condition of participating in this activity that I do so at my own risk.

I accept all risks and hereby indemnify and release the trainer, their agents, affiliates, employees, members, sponsors, promoters and any person or body directly and indirectly associated with the Trainer against all liability (including liability for their negligence and the negligence of others) claims, demands and proceedings arising out of or connected with my participation in this activity.

This release and indemnity continues forever and binds my heirs, successors, executors, personal representatives and assigns.

I acknowledge that participating in this activity may involve a risk of serious injury or even death from various causes including: over exertion, dehydration, equipment failure and accidents with equipment and surroundings.

I recognise the difficulties associated with the activity and attest I am physically fit to participate safely in the activity and that a qualified medical practitioner has not advised me otherwise.

I understand the demanding physical nature of this activity. I am not aware of any medical condition, injury or impairment that will be detrimental to my health if I participate in this activity. In the event that I become aware of any medical condition, injury or impairment that may be detrimental to my health if I participate in this activity my Trainer will be immediately informed. By continuing to participate in this activity I accept the risks despite these conditions and am still, and will always be under the terms of this agreement.

I certify that I am 18 years or older and have read this document and fully understand it.

OR

As a parent or guardian of the participant (a) I agree to the above for myself and on behalf of the participant and (b) I indemnify and will keep indemnified any person or body directly or indirectly associated with the conduct of the activity on the terms referred to herein

Signature (guardian/parent to sign if under 18 years of age)

| | |
|-----------------|----------------------|
| Full Name | Date |
| Name of Trainer | Signature of Trainer |