**PT STUDIO – OUTDOOR EXERCISE WAIVER FORM**

**Your Contact Details**

Name…………………………………………………………………….Tel Number………………………………

Email ………………………………………………………………………………….…………………………………….

**Emergency Contact Details**

Name ……………………………………………………………………Tel Number……………………………….

Email………………………………………………………………………………………………………………………...

**PLEASE READ BEFORE SIGNING :**

1. I acknowledge that it is a condition of participating in this activity that I do so at my own risk
2. I accept all risks and thereby indemnify and release 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
3. I acknowledge that participating in this activity may involve a risk of serious injury from various causes, including over exertion, dehydration, equipment failure, and / or accidents with equipment and / or surroundings
4. I confirm that I am physically fit to participate safely in the activity and that I have not been advised by a medical professional not to do so
5. I am not aware of any medical condition, injury or impairment that maybe detrimental to my health by participating in this activity
6. If I become aware of any medical condition, injury or impairment that may be detrimental to my health if I participate in this activity. I understand that it is my responsibility to inform the trainer immediately. Should I choose to continue with this activity despite these conditions, injuries or impairments I accept the increased risks and likelihood of injury
7. I certify that I am over 18 years old and have read and fully understood this document

By signing this document, I acknowledge that I have read and agree to the terms and conditions stated above and that I agree to participate in the activity

I am happy for any photographs taken during the classes to be used on social media Y/N

I am happy to receive marketing information on Personal Training and classes Y/N

Name …………………………………………………………………………………………………………………………………………..

Signature ……………………………………………………………………….. Date …………………………………………………