

Glow's Pilates Indemnity Form:

LIABILITY

I am aware of the risks in observing and/or participating in the activities offered and sponsored by Glow Pilates Boutique and I understand that all sports or fitness that I will execute and participate in are entirely at my own risk and perils. I assume complete responsibility and liability for those risks and for the injuries that may occur as a result of these risks, even if injuries occur in a manner that is not foreseeable at the time I sign this agreement. I realise that by voluntarily assuming the risks involved, I will be solely responsible for any loss or damage I sustain, including personal injuries to me, damage to my property, or damage arising out of my death.

I agree to not hold Glow Pilates Boutique, the owners of Glow Pilates Boutique or any of its contractors or employees responsible for any injuries or other misfortune sustained while attending any classes or courses at the studio or online. I have also attained relevant doctor's clearance to commence exercise post injury/during rehabilitation, or postnatally (usually around 6 weeks post birth/delivery) if applicable.

If my medical fitness happens to change, I will inform the instructor as soon as possible and I will update and complete a new pre-screening waiver/questionnaire.

MEDIA RELEASE

I understand that sometimes photos, videos, or audio recordings will be taken of me during the course of a class/event. I consent to Glow Pilates Boutique using my image or likeness obtained in this manner for legitimate promotional purposes and social media. If my consent for this purpose happens to change, I will inform the owners of Glow Pilates Boutique as soon as possible.

MEDICAL INFORMATION (confidential). Please indicate any medical conditions that coaches should be aware of:

Attendees Details:

Name: _____ Male/Female: _____ Age: _____
Address: _____ Post Code: _____

Where the applicant is **under 16 years of age** this form must also be signed by the applicant's parent or legal guardian.

I _____ am the parent or guardian of the applicant. I expressly agree to be responsible for the applicant's behaviour and agree to personally accept the conditions set out in this application and declaration including the provision by me of a release and indemnity in the terms set out above.

I _____ accept the terms and conditions stated above and agree to go forward in this partnership with mutual respect and understanding.

Date: _____ Signature: _____