



TOTAL PERFORMANCE CENTRE EXERCISE WAIVER & RELEASE FORM

(Please complete this form and give to instructor / personal trainer before your first session)

Name: _____

Address: _____

Date of Birth: _____

Mobile: _____

E-mail: _____

Emergency Contact: _____ Phone: _____

How did you hear about us? _____

HEALTH AND MEDICAL QUESTIONNAIRE

Have you ever had or experienced any of the following? (Please circle)

- | | |
|---------------------------------------------------------|----------|
| 1. High blood pressure | Yes / No |
| 2. High cholesterol | Yes / No |
| 3. Shortness of breath or chest pain | Yes / No |
| 4. Family history of heart disease | Yes / No |
| 5. Rheumatic fever | Yes / No |
| 6. Any form of heart disease or stroke condition | Yes / No |
| 7. Stomach ulcer | Yes / No |
| 8. Liver / kidney condition | Yes / No |
| 9. Diabetes | Yes / No |
| 10. Epilepsy | Yes / No |
| 11. Breathing difficulties or asthma | Yes / No |
| 12. Cigarette smoking | Yes / No |
| 13. A hernia | Yes / No |
| 14. Arthritis | Yes / No |
| 15. Are you currently taking any medication | Yes / No |
| If yes, please detail: _____ | |
| 16. Have you been hospitalised recently | Yes / No |
| If yes, please detail: _____ | |
| 17. Do you have or have you had any infectious diseases | Yes / No |
| If yes, please detail: _____ | |

Do you have any problems in the following areas?

- | | |
|----------------------------------------------------------------------------------------------|----------|
| 1. Knees | Yes / No |
| 2. Lower back | Yes / No |
| 3. Neck/shoulders | Yes / No |
| 4. Hip/pelvis | Yes / No |
| 5. Any other | Yes / No |
| 6. Are there any other conditions which may limit your participation in an exercise program? | |

Please specify: _____

RESCHEDULING, MISSED SESSIONS, PUBLIC HOLIDAY WAIVER

Please note that some weeks may have more sessions than normal and some may have less due to public holidays or timetable rescheduling) and the same fee applies regardless of the sessions trained. Classes will not be held on public holidays. Class spaces are limited, so it is advised that you book online early to secure your preferred time and class. Cancellations can be made however any occurring within 8 hours of the scheduled start time will be forfeited.

USE OF PICTURE OR VIDEO

I agree to allow Total Performance Centre Pty Ltd, its agents, officers, principals, employees and volunteers to use picture(s), film and/or likeness of me for advertising purposes. In the event I choose not to allow the use of the same for said purpose, I agree that I must inform Total Performance Centre Pty Ltd of this in writing.

INFORMED CONSENT AND ASSUMPTION OF RISK

I have agreed to participate in one or more physical fitness program(s)/class(es) at Total Performance Centre Pty Ltd. I recognise that the program may involve strenuous physical activity including, but not necessarily be limited to, Spin Classes, Personal Training, Group Training and other various fitness activities. I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or otherwise limit my full participation in the physical program.

I am fully aware of the risks and hazards connected with the participation in the physical program including, but not limited to, physical injury or even death. I hereby elect to voluntarily participate in this program knowing that the associated physical activity may be hazardous to me and/or my property. In full consideration of the above mentioned risks and hazards and in full consideration of the fact that I am willingly and voluntarily participating in the activities made available by Total Performance Centre Pty Ltd, and with my full understanding of all of the above, I hereby waive, release, remise and discharge Total Performance Centre Pty Ltd and its agents, officers, principals and employees and volunteers, of any and all liability, claims, demands, actions or rights of action, or damages of any kind related to, arising from, or in any way connected with, my participation in Total Performance Centre Pty Ltd fitness programs/classes, including those allegedly attributed to the negligent acts or omissions of the above mentioned parties.

I accept financial responsibility for any injury that I or the participant may cause either to him/herself or to any other participant due to his/her negligence. I further agree to indemnify and hold harmless Total Performance Centre Pty Ltd, their principals, agents, employees, and volunteers from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in activities offered by Total Performance Centre Pty Ltd.

In signing this waiver and release, I acknowledge and represent that I have read and understand the foregoing and hereby sign it voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreements have been made; and I hereby execute this waiver and release for valuable consideration, intending to be bound by the same.

Client Name (Please Print): _____

Client Signature: _____ Date: ____ / ____ / _____