

EBC Men's Fitness group Waiver and Release of Liability

Name: _____ Today's Date: _____

Date of Birth: _____ Address: _____

City: _____ State: _____ Post Code: _____

Phone: _____

Email address: _____

In case of emergency, I would like EBC Men's Fitness Group to Call: _____

Phone: _____

Waiver and Release of Liability

[Edwardstown Baptist Church: Dorene St, St Marys, SA]

Express assumption of risk: I, the undersigned, am aware that there are significant risks involved in all aspects of physical training. These risks include, but are not limited to: falls which can result in serious injury or death, injury or death due to negligence on the part of myself, my training partner, or other people around me, injury or death due to improper use or failure of equipment. I understand that I will be participating in physical exercises that include, but are not limited to, running, jumping, rowing, biking, weight lifting (i.e. dumbbells, barbells, Olympic lifting, powerlifting) pulling, pushing, kettlebells, body weight movements, and gymnastics movements. By participating in any and all of these exercises I fully accept the inherent risks associated with exercising which may include, but is not limited to, soreness, injury, paralyzation, heart attack, or death. I am aware that any of these above mentioned risks may result in serious injury or death to myself and or my partner(s). I willingly assume full responsibility for the risks that I am exposing myself to and accept full responsibility for any injury or death that may result from participation in any activity while at **EBC Men's Fitness Group**. I agree to follow all rules and regulations and acknowledge that I am solely responsible for any guests that come to the facility that do not workout (i.e. spouse, children, family, friends, etc.). I agree to the fact **EBC Men's Fitness Group** does NOT guarantee the protection of my personal items stored or left at **EBC Men's Fitness Group**, including those items stored in my car in the parking lot.

I, the undersigned acknowledge that I have no physical impairments or illnesses that will endanger myself or others.

Initials: _____

Use of picture(s)/film/likeness: I agree to allow **EBC Men's Fitness Group**, 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 **EBC Men's Fitness Group** of this in writing.

Initials:

Release: In consideration of the above mentioned risks and hazards and in consideration of the fact that I am willingly and voluntarily participating in the activities available at **EBC Men's Workout Group**, I, the undersigned hereby release **EBC Men's Workout Group**, their principals, agents, employees, and volunteers from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with my participation in this activity, including those allegedly attributed to the negligent acts or omissions of the above mentioned parties.

This agreement shall be binding upon me, my successors, representatives, heirs, executors, assigns, or transferees. If any portion of this agreement is held invalid, I agree that the remainder of the agreement shall remain in full legal force and effect.

Indemnification: The participant recognizes that there is risk involved in the types of activities offered by **EBC Men's Fitness Group**. Therefore the participant accepts financial responsibility for any injury that the participant may cause either to him/herself or to any other participant due to his/her negligence. Should the above mentioned parties, or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to reimburse them for such fees and costs. I further agree to indemnify and hold harmless **EBC Men's Fitness Group**, 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 **EBC Men's Fitness Group**.

I have read and understand the foregoing assumption of risk, and release of liability and I understand that by signing it obligates me to indemnify the parties named for any liability for injury or death of any person and damage to property caused by my negligent or intentional act or omission. I understand that by signing this form I am waiving valuable legal rights.

Signature of participant: _____

Date:

If the participant is under the age of 18

If I am signing on behalf of a minor child, I also give full permission for any person connected with **EBC Men's Fitness Group** to administer first aid deemed necessary, and in case of serious illness or injury, I give permission to call for medical and or surgical care for the child and to transport the child to a medical facility deemed necessary for the well being of the child.

Signature of Parent or Guardian: _____

Date:

(Parent/Guardian) Print Name:

Physical Activity Readiness Questionnaire (PAR-Q)

Please read each question carefully and check **YES** or **NO**. If yes, please explain.

Section 1:

YES **NO**

1. Has your doctor ever said you have heart trouble?
2. Do you frequently have pains in your heart and chest?
3. Do you often feel faint or have spells of severe dizziness?
4. Is there a good physical reason, not mentioned here, why you should not follow an activity program even if you wanted to?
5. Do you currently have a communicable disease?

If you answered **YES** to any of the questions in section 1, then **you need written permission from a physician** before participating in physical activities and/or evaluations at **EBC Men's Fitness Group**.

Section 2:

YES **NO**

6. Has a doctor ever said your blood pressure was too high?
7. Has your doctor ever told you that you have a bone or joint problem(s), such as arthritis that has could be aggravated by exercise, or might be made worse with exercise?
8. Are you over age 60 **and** not accustomed to vigorous exercise?
9. Do you suffer from any problems of the lower back, i.e., chronic pain, or numbness?
10. Are you currently taking any medications? If YES, please specify.
11. Do you currently have a disability?

If you answered **NO** to all questions it gives a general indication that you may participate in physical activities and/or fitness evaluation testing. The fact that you answered NO to the above questions is no guarantee that you will have a normal response to exercise.

Print Name

Signature

Date

Parent/Guardian:

(If participant is under the age of 18)

Print Name

Signature

Date

Please Note: If you contract a communicable disease, it is your responsibility to inform the staff of **EBC Men's Fitness Group** of this condition you may be asked to refrain from attending group sessions until this condition is cured or in a state of remission.

Initials: _____

send the completed form to sam@ebc.org.au

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