



## Enrolment Form

### Personal Details

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

How would you describe your current fitness level?

**EXCELLENT**

**GOOD**

**FAIR**

**NON EXISTENT**

What do you hope to achieve from your G-Force Pole and Fitness experience?

Do you have any Medical Conditions we should be aware of?  Yes  No

Please Specify \_\_\_\_\_

### In Case of Emergency

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Relationship: \_\_\_\_\_

Marketing & Customer Service How did you hear about G-Force Pole and Fitness?

**INTERNET**

**PAPER**

**SIGNS/FLYER**

**REFERRAL**

**FACEBOOK**

**OTHER**

Referred by or other: \_\_\_\_\_

### Acceptance

I, \_\_\_\_\_ acknowledge that the above information is true and correct. I have read and accept the terms, conditions, fees and charges of G-Force Pole and Fitness, West Gosford. I waive and release G-Force Pole and Fitness, their staff, distributors, agents, manufacturers and property owners from any and all claims whatsoever arising from my participation in G-Force Pole and Fitness classes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Student Release and Waiver Form

I, \_\_\_\_\_, am participating in pole classes, private classes or group fitness classes held at the premises of G-Force Pole and Fitness. I recognise that any fitness programs may involve strenuous physical activity including, but not limited to, cardiovascular conditioning and interval training, muscle strength and endurance training, flexibility, balance, Co-ordination and other various fitness activities.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in pole classes or group fitness training. I represent a warrant that I am in good physical condition and do not suffer from any known disability or medical condition which would prevent or limit my participation in this exercise program, or that will be detrimental to my health if I participate in this activity.

I, My Heirs or legal representatives fully understand that I may injure myself as a result of my enrolment and subsequent participation in pole classes or group fitness classes and I, My heirs or legal representatives forever release G-Force pole and Fitness, Unit 2/284 Manns Rd, West Gosford 2250 and its agents from any claims, demands, and causes of action as a result of my voluntary participation and from any liability (including liability for their negligence and the negligence of others) now or in the future for conditions that I may obtain.

These conditions may include, but are not limited to, death, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, bone dislocations, heat prostration, injuries to knees, injuries to neck, injuries to back, injuries to foot, bruising, miscarriage or any other illness or soreness that I may occur. I also understand that pregnant woman need a medical clearance before attending group fitness classes or an exercise program and can not participate in pole classes.

I am fully aware and agree to assume all responsibility for any risks, injuries or damages, known and unknown, which I might incur as a result of participating in the classes.

In the event of an emergency, I authorize medical attention from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my immediate care and agree that i will be responsible for payment of any and all medical services rendered. It must be noted that the absence of health insurance coverage does not make G-Force Pole and Fitness responsible for payment of any medical expenses.

**I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.**

Participant's Name: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_