



This form is an important legal document that explains the risks you are assuming by beginning an exercise program. It is critical that you read and understand it completely. Please print your name legibly and sign in the spaces provided overleaf.

NAME _____ DOB _____ MEMBERSHIP TYPE _____

ADDRESS _____ TEL.NO. _____

EMAIL _____

Assumption of risk

I recognise that exercise might be difficult and strenuous and that there could be dangers inherent in exercise for some individuals. I acknowledge that the possibility of certain unusual physical changes during exercise does exist. These changes include abnormal blood pressure; fainting; disorders in heartbeat; heart attack and., in rare instances death. I understand that as a result of my participation in an exercise program I could suffer an injury or physical disorder that could result in my becoming partially or totally disabled and incapable of performing any gainful employment of having a normal social life. In any event I acknowledge and agree that I assume the risks associated with any and all activities and/or exercises in which I participate. I acknowledge and agree that no warranties or representations have been made to me regarding the results I will achieve from this program. I understand that results are individual and may vary. I acknowledge that all exercises and the use of facilities are undertaken at my own risk. I am aware that I put myself at risk by accepting the advice and assistance from anyone other than the qualified members of staff.

I do / do not require a gym induction.

Waiver, Informed Consent, and Covenant Not to Sue

I have volunteered to participate in a program of physical exercise under the direction of Emperors Health Club and its staff, which will include, but may not be limited to, weight and/or resistance training. In consideration of Emperors Health Club and its staff’s agreement to instruct and assist me, I do here and forever release and discharge and hereby hold harmless Emperors Health Club and its staff from any and all claims, demands, damages, rights of action, or causes of action, present or future, arising out of or connected with my participation any exercise program including any injuries resulting therefrom. **This waiver and release of liability includes, without limitation, injuries which may occur as a result of (1) equipment that may malfunction or break; (2) any slip, fall, dropping of equipment; and (3) our negligent instruction or supervision.**

Physical Activity Readiness Questionnaire

Please circle your answer:

- Has your doctor ever said that you have heart trouble yes / no
- Do you / have you ever had pains in your heart or chest yes / no
- Do you often feel faint or have spells of dizziness yes / no
- Has your doctor ever told you that your blood pressure is too high / low yes / no
- Has your doctor ever told you that you have a joint or bone problem such as arthritis or osteoporosis yes / no
- Are you over the age of 65 yes / no
- Are you pregnant yes / no
- Is there a good reason not mentioned why you should not follow an activity program yes / no

If yes what _____

Are you taking any medication yes / no

If yes what _____

PLEASE TURN OVER

If you have answered no to all the questions then you have a reasonable assurance of your present suitability for a gradual increase in exercise. Nevertheless you may feel some soreness in muscles after your first few workouts but this is normal in muscles that have had little or no use for some time.

I certify that I am in good health and am not presently affected by any disease or physical disability that would inhibit a complete exercise program. I am 18 or over.

If you have answered yes to any of the questions you must consult your physician before increasing your physical activity. Tell your physician what questions you answered yes to on this questionnaire. After a medical evaluation seek advice from your physician as to your suitability for physical activity and if there are any specific exercises which you must not perform.

If I have chosen not to obtain a physician's permission prior to beginning an exercise program with Emperors Health Club and its staff, I hereby agree that I am doing so at my own risk.

If at any time you become injured/your medical situation changes/you experience discomfort or pain during any part of your workout **you must inform a member of staff immediately and stop doing the exercise.** We also strongly advise that you also seek advice from your physician. **Postpone if you have a cold or feel unwell.**

I acknowledge that I have thoroughly read this waiver and release and fully understand that it is a release of liability. By signing this document I'm waivering any right I or my successors might have to bring a legal action or assert a claim against Emperors Health Club for their negligence or that of it's employees.

SIGNED _____ DATE _____

WITNESS _____ DATE _____