

# Fab4Fitness - Registration Form

ABN: 20 544 535 256

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

Date(s) of the Activity: \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Sex: **Female / Male**

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

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

Responsible Parent or Guardian (if under 18):

Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Medical Conditions: \_\_\_\_\_

If **Yes**, please provide details of medication and treatment: \_\_\_\_\_

Physical Conditions: \_\_\_\_\_

Please provide details of any restriction on activities: \_\_\_\_\_

Allergic to any food: \_\_\_\_\_

**The statement below contains important information. By contracting Fab4Fitness services and/or participating in Fab4Fitness activities, it is deemed that you have read and understood the detail listed below:**

## **WAIVER**

**By accepting the contract for Fab4Fitness services and/or participating in Fab4Fitness activities, for my heirs, executors and administrators release and forever release and discharge Fab4Fitness, its servants, agents, sub contractors and all sponsors of all liability, claims, damages, costs or expenses which I may have against them arising out of or in any way connected with my participation in Fab4Fitness activities including all injuries that may be suffered by me before, during or after participating in Fab4Fitness activities. I understand that this waiver includes all claims based on negligence, action or inaction of any of the above parties.**

**I recognise the difficulties of these activities and attest that I am physically fit to safely participate in these activities and that I have not been advised otherwise by a qualified medical person. I recognise that the risks of participating these activities may include, but not limited to, injuries and illnesses to my person or my equipment as a result of slipping, tripping and falling, collision with objects, effects of weather, water conditions, mechanical failure of equipment and failure of myself to obey normally accepted and/or legislated rules of behaviour in regard to use of public and private areas. I acknowledge that I have sole responsibility for my personal possessions and all equipment during these activities. I consent to receive medical treatment, which may be deemed to be advisable in the event of injury, accident and/or illness during these activities.**

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

If under 18, Parents Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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