

RELEASE WAIVER AND ASSUMPTION OF RISK

IMPORTANT! PLEASE READ THIS CAREFULLY AS THIS IS A LEGAL WAIVER.

In consideration of my being allowed to participate in the pole dancing lessons, courses or programs and /or use its equipment, I agree to the following waiver and release.

I, for myself, my heirs, executors or anyone else who may claim on my behalf, hereby waiver, release and forever discharge, K.Panton t/a Pole Play, (the "Releasee") from any and all responsibilities or liability from personal injury, death, damage to property or loss of any kind resulting from participating in any lessons, courses or programs or my use of equipment belonging to or made available by K.Panton due to any cause whatsoever, including negligence, breach of contract, or breach of any statutory or other duty of care, and also including the failure on the part of releasee to safeguard or protect me from the risks, dangers and hazards of participating in such activities.

I understand that pole dancing and exercise activities involve risk, dangers and hazards and I freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, property damage and loss resulting therefrom.

This agreement and any rights, duties and obligations as between the parties to this agreement shall be governed by and interpreted solely in accordance with the laws of the commonwealth of Australia and no other jurisdiction, and any litigation involving the parties to this agreement shall be brought solely within the commonwealth of Australia and shall be within exclusive jurisdiction of the courts of the commonwealth of Australia.

In entering this agreement I am not relying on any oral or written representations or statements made by the releasee other than what is set forth in this agreement.

I have read and understood this agreement and I am aware that by signing this agreement I am waiving certain legal rights which I or my heirs, executors and representatives may have against the releasee.

Date: _____
Participant's name (Print): _____
Participant's signature: _____
Daytime phone no: _____
Address: _____
E-mail: _____

Kay Panton t/a Pole Play
Phone 0420 556 558
poleplaywa@yahoo.com.au

FITNESS APPRAISAL

POLE PLAY

Date: _____

Name of Client: _____

Address: _____

Date of Birth: _____

Gender: Male Female

Email: _____

Phone No.: _____

PRE-FITNESS TESTING QUESTIONNAIRE

Please read carefully and circle Yes or No to the following information:

1. Have you ever had a heart condition, high blood pressure, stroke, high cholesterol, palpitations, murmurs or chest pains? If Yes, describe: Yes No

2. Do you have any back or joint conditions or any injury that could be aggravated by exercise? If Yes, describe: Yes No

3. Have you ever had arthritis, asthma, diabetes, epilepsy, hernia, dizziness, gout, ulcer or circulation problems? If Yes, describe: Yes No

4. Has any member of your family ever had heart problems prior to the age of 60? If Yes, describe: Yes No

5. Are you now or have you recently been pregnant? Yes No

6. Do you have any other condition known to be a reason to modify your exercise programme? If Yes, describe: Yes No

7. Are you currently taking any prescribed medication? If Yes, describe: Yes No

8. Do you have any infections or infectious diseases? If Yes, Yes No
describe:

9. Do you smoke cigarettes? If Yes, how many per day? _____ Yes No

10. Do you take any illicit drugs or substances? If Yes, describe: Yes No

Client Signature: _____

In consideration of your health and safety, before commencing exercise, if you answer Yes to any of the questions 1 to 5 inclusive, you should see your doctor for a medical clearance before participating in the exercise classes. If you are over 45 years of age and are not accustomed to regular exercise, it is strongly recommended that you have a medical clearance from your doctor before participating in the exercise/pole classes.