

The -Barre-

NAME _____ D.O.B _____

POSTCODE _____ MOBILE PHONE _____

E-MAIL _____

HOW DID YOU HEAR ABOUT US?

(if someone referred you,
please give a name) _____

EMERGENCY CONTACT INFO (name, relationship,number): _____

PHYSICAL COMPLAINTS:

back pain asthma poor flexibility heart condition

scoliosis migraine knee injury Arthritis

sciatica stress high/low blood pressure

other _____

pregnant or planning a pregnancy? _____

If you have any conditions which may affect your ability to participate in The Barre Workout, we request that you inform us and consult a health care professional to approve your participation.

INFORMED CONSENT AND WAIVER & RELEASE OF LIABILITY

I have volunteered to participate in a program of progressive physical exercise and have engaged the services of The Barre Workout for instruction. I intend to assume all risk of injury from my participation. To that end I acknowledge and agree to the following:

I am aware that The Barre is here to serve me by sharing knowledge of physical fitness. I recognise that these activities may at times be strenuous. By my participation in any of these activities, I present to you that I am physically fit. I know that I have the right to choose which exercises I do or do not perform, in addition to withdrawing from any exercise at any time. The muscle and cardiovascular conditioning program at The Barre utilises the method of stretching and strengthening used in classical Ballet and core stability training. During and after exercise there exists a potential for muscle soreness and stiffness, abnormal blood pressure, fainting, disorders of the heartbeat, and instances of heart attack and death. I assume all of the foregoing risks, and accept personal responsibilities for any other damages or other injury I might suffer. It is my responsibility to ascertain that there is no medical reason to prevent my participation. I assume full risk for any injuries which I may incur and waive any claim that I might at any time for injury of any sort against The Barre or any person or entity in any way involved herewith. I take full responsibility for my personal belongings.

I have read and understand this Informed Consent and Waiver and Release of Liability and it accurately sets forth my intentions and I agree to be bound by its provisions.

SIGNED: _____ DATED: _____