



WAIVER OF LIABILITY

I hereby acknowledge that use of the gym facilities and equipment, participation in the classes, and in the training provided at Kiss Gyms by Kiss Gyms Ltd. exposes me to inherent risks which can include accidents, falls, illness, injury or even death.

I confirm that I know of no medical, physical or mental reasons why I would not be capable of performing the physical activity in which I choose to participate at Kiss Gyms. I acknowledge my responsibility in communicating to a staff member prior to commencing activity, any physical and/or mental concerns affecting me which could conflict with participation in my chosen gym activities.

I assume all risks of injuries associated with use of Kiss Gyms and its facilities including, but not limited to falls, contact with other participants, exercises and techniques taught to me by trainers employed by or providing services for Kiss Gyms Ltd. and all other risks being known and appreciated by me.

Having read this waiver and knowing these facts, in consideration of accepting my use of the gym facilities and of services provided to me at Kiss Gyms I agree to **Hold Harmless, Waive and Release** Kiss Gyms Ltd., its directors, employees, representatives, anyone else providing a service at Kiss Gyms and successors from any responsibility, liabilities, demands or claims of any kind arising out of my use of facilities at Kiss Gyms or out of my participation in training, classes or anything else organised by or on behalf of Kiss Gyms.

I confirm by my agreeing I have read and understand this Waiver of Liability. I am aware that this is a waiver and a release of liability and I voluntarily agree to its terms.

Lastly, I agree that if you answer 'Yes' to any of the questions overleaf, to alert Kiss staff or your instructor for classes BEFORE participating in any class or activity at Kiss Gyms to ensure they are happy for you to do so (be aware we may require a letter from your GP confirming your readiness to exercise before you can get started).



This health screening form to help us assess both your readiness to exercise and the intensity at which to exercise.

If you answer 'Yes' to any of these questions, you must discuss these with Kiss staff or your instructor BEFORE participating in any activity at Kiss Gyms.

The questions are by no mean exhaustive so please provide any other relevant information to Kiss prior to undertaking any exercise at Kiss Gyms.

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| Is there any history of cardiac problems in the family? | YES | NO |
| Have you ever had heart trouble and/or felt pain in your chest when exercising? | YES | NO |
| Have you ever been diagnosed with hypertension (high blood pressure)? | YES | NO |
| Have you ever been diagnosed with hypotension (low blood pressure)? | YES | NO |
| Have you ever been notified that you have high cholesterol? | YES | NO |
| Do you have any bone or joint problems such as arthritis or osteoporosis? | YES | NO |
| If yes to above are these aggravated by exercise? | YES | NO |
| Do you suffer from lower back pain? | YES | NO |
| Do you suffer from a bleeding disorder or do you bruise easily? | YES | NO |
| Do you suffer from any neurological disorders? (eg. Epilepsy) | YES | NO |
| Do you ever feel faint or experience dizziness? | YES | NO |
| Do you have diabetes or any other metabolic disorder? | YES | NO |
| Are you currently taking any medication? | YES | NO |
| Are you pregnant or have given birth in the last six months? | YES | NO |
| Do you currently smoke? | YES | NO |
| Do you drink more than the recommended weekly allowance of alcohol? (21 units for men, 14 units for women) | YES | NO |
| Are there any other physical conditions that might affect your ability to take part in exercise? | YES | NO |