



E X E R C I S E   D I S C L A I M E R

NAME

ADDRESS

D.O.B

EMAIL

PHONE

HOW DID YOU HEAR ABOUT ABA? (IF SOMEONE REFERRED YOU PLEASE GIVE A NAME).

EMERGENCY CONTACT INFO (PROVIDE NAME, RELATIONSHIP AND CONTACT NUMBER).

PLEASE TICK ANY PHYSICAL COMPLAINTS THAT APPLY TO YOU:

BACK PAIN

SCIATICA

MIGRAINES

HEART CONDITION

ARTHRITIS

SCOLIOSIS

KNEE INJURY

ASTHMA

STRESS

POOR FLEXIBILITY

HIGH/LOW BLOOD PRESSURE

HEART CONDITION

OTHER (PLEASE SPECIFY)

ARE YOU PREGNANT OR PLANNING A PREGNANCY?

You have volunteered to participate in a program of progressive physical exercise offered by All Barre Attitude.

It is important that you inform us prior to commencing any exercise program if you have any medical condition or are taking medication or have related concerns. All Barre Attitude strongly recommends that you consult a qualified fitness or sports adviser to ensure our exercise programs are suitable for you and your own doctor if you have a medical condition or taking medication or have related concerns. We cannot be held responsible for any injuries which may occur as a result of our exercise programs. If you have (or have in the past month previously suffered from) asthma, heart condition, growth condition or have experienced chest pains or dizziness we strongly advise you NOT to try any of our exercise programs. No information or advice provided by All Barre Attitude should be considered as a substitute for professional supervision or advice.

Please review the following INFORMED CONSENT AND WAIVER & RELEASE OF LIABILITY carefully

You acknowledge that exercise can pose a risk to your health and physical wellbeing if carried out incorrectly or where you have a medical condition, are taking medication or have related concerns. All Barre Attitude is not a licensed medical practitioner and makes no representation that it has any expertise in diagnosing, examining, or treating medical conditions of any kind, or in determining the effect of any specific exercise on a medical condition. You are responsible for monitoring your own physical and mental well-being and you are responsible for deciding which exercises you do or do not perform.

All Barre Attitude cannot be held responsible for any injuries which may occur as a result of our exercise programs and, accordingly, you assume all risks, and accept personal responsibilities for any injury and associated losses that you might suffer. It is your responsibility to ascertain that there is no medical reason that affects or prevents your participation.

If you engage in our exercise program, you acknowledge and agree that you do so at your own risk, you are voluntarily participating in our exercise program and you assume all risk of injury to yourself and loss of personal property. To the fullest extent permitted by law, you agree to release and discharge All Barre Attitude and its directors, agents, employees and contractors from any and all claims or causes of action, known or unknown, arising out of your participation in our exercise programs. Nothing in this Informed Consent and Waiver and Release of Liability should be construed as excluding or limiting any liability that cannot be excluded or limited by law, including liability for personal injury caused by the negligence of All Barre Attitude.

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

DATE