



activ8
HEALTH & FITNESS

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ABN: 203 886 819 25

Fitness Camp - Indemnity Release Form

I acknowledge that the activities of **Activ8 Health & Fitness 'Fitness Camp'** (hereinafter known as **'Fitness Camp'**) may be undertaken on land and water, and therefore I am in agreement that I am required to be a competent swimmer if I am to participate in any water activities. I am also in acknowledgement that there is an inherent risk of physical injury, including serious injury such as permanent disability, paralysis and even death associated with **'Fitness Camp'** activities, and in undertaking such activities, I do so at my own risk.

I fully understand that it is a condition to my participation in any official **Activ8 Health & Fitness** event that its employees, volunteers, instructors or members, are absolved from all liability howsoever arising from injury or damage howsoever caused (whether fatal or otherwise) arising out of my participation in an event or in training, instruction or carriage in any vessel or equipment being used for or in connection with **Activ8 Health & Fitness** activities or in any way whatsoever due to any negligent act, breach of duty, default and/or omission on the part of **Activ8 Health & Fitness**, its respective officers, employees, volunteers, instructors or members.

I am also aware that any person participating in training, or being involved with any equipment being used for or in connection with **'Fitness Camp'** or participating in any activity carried out **Activ8 Health & Fitness**, are only allowed to do so on the distinct understanding that they do so at their own risk.

This agreement shall be binding upon and inure to the benefit of the parties, their successors, administrators, assigns and personal representatives.

In consideration of being allowed to participate in the activities of **Activ8 Health & Fitness**, which includes training for and participating in activities,

I, _____ (Please print FULL NAME)

of _____ Telephone: _____

do **HEREBY ACKNOWLEDGE** that I have read and understood the warning and indemnity above and agree to release and forever hold harmless from any liability, suit or action howsoever arising **Activ8 Health & Fitness**, and their respective officers, employees, representatives, agents, volunteers, instructors, members, or servants in the event of my injury and/or death.

Signed: _____

Witness Signed: _____

Date: _____ / _____ / 200_____

Name: _____

(Please Print)



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Signed on behalf of a junior person- under 18

I consent to the person named in this document taking part in activities with the **Activ8 Health & Fitness** and acknowledge that I have read and understand this waiver and agree to release **Activ8 Health & Fitness** and their respective officers, employees, representatives, agents, volunteers, instructors, members, or servants from any liability including **Activ8 Health & Fitness'** acts of negligence to the fullest extent permitted by the law.

PARENT / PRIMARY CARE GIVER

Signed: _____

Witness Signed: _____

Name: _____
(Please Print)

Name: _____
(Please Print)

Address: _____

Date: / / 200