

**THIS WAIVER AND RELEASE** is made on \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

by \_\_\_\_\_ of \_\_\_\_\_

(Nature of authority if executed by legal guardian): \_\_\_\_\_

In relation to services provided by Equip Pilates Pty Ltd (ACN 602 027 467) ('Equip Pilates')

**IT IS HEREBY AGREED AS FOLLOWS:**

I hereby waive, release and discharge Equip Pilates from any liability/ damage which may have been caused by negligence, carelessness or noncompliance with instructions from Equip Pilates. I acknowledge and am aware of the risks involved in engaging in services provided by Equip Pilates.

I also hereby waive, release and discharge Equip Pilates from any liability/ damage which may have been caused by elements, conditions, risks or circumstances outside the control of Equip Pilates which may be foreseeable or unforeseeable. I release Equip Pilates from liability in respect of any loss or damage suffered in the course of attending the premises and engaging in any program provided by Equip Pilates.

I give my full consent for Equip Pilates to administer or obtain medical treatment at the sole and absolute discretion of its workers in the event of illness or medical emergency which may occur during the provision of services. I have made disclosure to Equip of any specific conditions which would affect his provision of such treatment.

I declare that I have the following pre-existing medical conditions:-

\_\_\_\_\_

**I HEREBY ACKNOWLEDGE AS FOLLOWS:**

1. I have read this waiver and I fully understand it.
2. I make and execute this waiver voluntarily, without any form of duress or coercion.

**SIGNED** by \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Number: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to child *[if applicable]*: \_\_\_\_\_