



RATOATH FITNESS

www.ratoathfitness.com

Tel: (087) 234 8487

**APPLICATION FORM - REBOUNding & TONING CLASSES**

Name:	Phone (Home): _____ Phone (Mobile): _____
Address:	
E-Mail:	
Health: (Indicate Heart problems, Epilepsy, Diabetes, Pregnancy, Asthma etc.)	

**WAIVER OF LIABILITY:**

I desire to participate in Rebounding classes, provision of the opportunities to participate in such activities and the provision of rebounding equipment to facilitate participation, I hereby agree as follows on my behalf:

I fully understand and acknowledge that: (a) risks and dangers exist by virtue of the nature of the activities of Rebounding classes (b) such activities, my use of such equipment and/or participation in rebounding may result in injury. (c) these risks and dangers may be caused by accidents, or other causes. Risks and dangers may arise from foreseeable or unforeseeable causes, Including use of Rebounding equipment and light weights during the class. I hereby knowingly and voluntarily accept and assume these risks and dangers and the risks of injury on my behalf.

I have been advised that I must check my rebounder before commencing class. I affirm that I will not be under the influence of alcohol or controlled substance, and will not carry, use or consume such substances before or during rebounding. I am in good health and understand that I must be in good physical condition to participate in rebounding. I have no known physical disabilities or health problems, which will present any risk to my participation in rebounding classes.

I, the undersigned, hereby release Ratoath Fitness and its Manager from any claims, demands and causes for action arising from my participation in this class programme.

**I HAVE READ THE ABOVE, UNDERSTOOD IT, AND BY SIGNING IT AGREE TO ITS TERMS.**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_