



East Coast Pole Cruise 2018

5th March – 12th March 2018

Indemnity Form

Student Release and Waiver Form

I, _____, understand that by attending East Coast Pole Cruise 2018 I will be participating in various pole, gymnastic, stretching, dance and fitness classes either in the format of a private class or a group fitness class held on the premises of the Explorer of the Seas. I recognise that any fitness programs may involve strenuous physical activity including, but not limited to, cardiovascular conditioning and interval training, muscle strength and endurance training, flexibility, balance, Co-ordination and other various fitness activities.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in classes or group fitness training. I represent a warrant that I am in good physical condition and do not suffer from any known disability or medical condition which would prevent or limit my participation in this exercise program, or that will be detrimental to my health if I participate in this activity.

I, My Heirs or legal representatives fully understand that I may injure myself as a result of my attendance and subsequent participation in the East Coast Pole Cruise and I, My heirs or legal representatives forever release G-Force pole and Fitness, Unit 8/284 Manns Rd, West Gosford 2250 and its agents, sponsors and instructors associated with the East Coast Pole Cruise from any claims, demands, and causes of action as a result of my voluntary participation and from any liability (including liability for their negligence and the negligence of others) now or in the future for conditions that I may obtain.

These conditions may include, but are not limited to, death, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, bone dislocations, heat prostration, injuries to virtually all bones, injuries to neck or spine which may result in complete or partial paralysis, brain damage, serious injury to internal organs or muscular skeletal system, injuries to all joints, injuries to ligaments, tendons or muscles, bruising, miscarriage or any other illness, impairment or soreness that I may occur and affect my body, wellbeing, general health. I also understand that pregnant woman need a medical clearance before attending group fitness classes or an exercise program and should consult their physician before commencing or participating in any of the classes. I understand the dangers and risks of participating and/or practicing to participate in the above may result not only in serious injury, but may lead to serious impairment of my future abilities to earn a living, to engage in other business, social or recreational activities and general quality of life.

I am fully aware and agree to assume all responsibility for any risks, injuries or damages, known and unknown, which I might incur as a result of participating in the classes.

In the event of an emergency, I authorize medical attention from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered. It must be noted that the absence of health insurance coverage does not make G-Force Pole and Fitness or any sponsors, organisers or instructors associated with East Coast Pole Cruise responsible for payment of any medical expenses.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above and agree to relinquish East Coast Pole Cruise and each of its organisers, sponsors, representatives, instructors and associated parties against all loss and expense incurred, directly or indirectly, as the result of a claim made by any person in the result of injury or damage suffer by me, psychological injury or damages to my property.

Name in Full: _____

Signature: _____

Date: _____

Medical Requirements (Allergies, Medication currently prescribed etc):
