

# HIIT 40 MAREEBA

## REGISTRATION FORM

**Cameron Lewis**

NAME: \_\_\_\_\_

**Fitness Instructor/Personal Trainer**

EMAIL: \_\_\_\_\_

**Mobile: 0429 200 662**

MOBILE NO: \_\_\_\_\_

I, \_\_\_\_\_, am participating in private or group HIIT 40 classes taught by Cameron Lewis. I recognize that HIIT 40 classes and any fitness programs may involve strenuous physical activity including, but not limited to, cardiovascular conditioning and interval training, muscle strength and endurance training, and other various fitness activities.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the HIIT 40 classes. I represent and 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 enrolment and subsequent participant in HIIT 40 classes and I, my heirs or legal representatives forever release Cameron Lewis and its agents from any claims, demands, and causes of action as a result of my voluntary participation and enrolment; 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.

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

In the event of any 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.

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.

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT OR SIGNATURE OF PARENT/LEGAL GUARDIAN OF PARTICIPANT  
(if participant is under 18 years of age)

\_\_\_\_\_  
DATE