

## CASUAL VISIT RELEASE FORM AND INFORMED CONSENT

Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
Address: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Phone No: \_\_\_\_\_ Email: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Our number one goal here at Runyaway Fitness is to help you work towards becoming all that you can be, by helping you work towards achieving your goals without compromising your health and safety. However in saying this, we know that exercising and using our equipment can be demanding and may have some inherent risk of injury.

It is for this reason that as a condition of entry to this gym you acknowledge and agree that:

- The activities you undertake carry certain risks to your health;
- You are medically sound to participate in such activities and/or have been cleared by a medical practitioner;
- You assume the risk of and the responsibility for any injury, illness death or property damage resulting from your participation in any activity at Runyaway Fitness;

By Signing this document you consent to:

- Release Runyaway Fitness, its employees and agents from liability for any illness, injury, damage to property or death suffered by me or my guests in connection with my participation in such activities or my use of such facilities and equipment; and
- Indemnify Runyaway Fitness, its employees and agents from and against all losses, damages, claims and expenses (including legal costs) incurred or suffered by them that are caused by me in connection with my participation in such activities or my use of such facilities and equipment, except to the extent that the liability, losses, damages, claims and expenses are directly caused by the negligence of Runyaway Fitness or its employees.

Name:  Signature  Date

**Where the visitor is under 18 years of age** a parent or legal guardian must accept the following conditions: I have read and understood this document and request that my child be allowed to participate in activities and use facilities and equipment of Runyaway Fitness. I acknowledge that the terms above are binding on him/her. I agree to the release, and indemnify Runyaway Fitness.

Name:  Signature  Date