



ASPIRE ACTIVE
PARTICIPANT RELEASE/WAIVER/CONSENT
Adult (18+)

I wish to participate in one or more of ASPIRE's classes or programs ("Program").

I understand that participation in the Program involves rigorous physical activity and risks of physical injury, including paralysis and death, and I accept and assume these risks. I also understand that preventive measures taken by ASPIRE and any treatment I may receive will not guarantee my safety or recovery.

I hereby consent to, and shall pay the cost of, any emergency transportation and treatment in the event of illness or injury during the Program.

All medical or physical condition(s) that I have are disclosed in the ASPIRE ACTIVE Health Screen Form and (if I do have any such condition) I have obtained certification from a medical practitioner (attached) stating that such condition(s) would not restrict my participation in any Program.

If any medical condition listed on the Health Screen Form occurs or is discovered during the course of my participation in the Program, I shall notify ASPIRE immediately in writing and provide certification from a medical practitioner stating that my condition does not restrict my participation in any Program.

Further, if I am female, I shall notify ASPIRE immediately in writing if I become pregnant and provide written certification from a medical practitioner stating that my pregnancy would not restrict my participation in the Program and I undertake to follow my medical practitioner's instructions with regard to my participation in the Program.

ASPIRE will not be responsible for any loss, theft and/or damage to vehicles and/or valuables left in vehicles or any other mode of transport of members or their guests whilst on ASPIRE premises or in any parking area designated for use of members or their guests.

Lockers are provided in the changing rooms to store your personal belongings at your own risk while you exercise. You should check that your personal insurance policy covers you for loss of personal effects. ASPIRE will not be held responsible for any loss or theft of money or loss or damage to personal property of members.

I hereby release and hold harmless ASPIRE from and against any liability, losses, damages, claims, or actions (including costs and attorney's fees) for any death, bodily injury or property damage relating to my participation in the Program.

PRINT NAME OF PARTICIPANT	SIGNATURE OF PARTICIPANT
DATE OF BIRTH OF PARTICIPANT	DATE SIGNED

NOTE: Any reference to 'ASPIRE' means ASPIRE Zone and includes ASPIRE Academy, ASPIRE Logistics and Aspetar.



ASPIRE ACTIVE
PARTICIPANT RELEASE/WAIVER/CONSENT
Child or Teenager (under 18yrs)

My child, named below, wishes to participate in one or more of ASPIRE's classes or programs ("Program").

I understand that my child's participation in the Program involves rigorous physical activity and risks of physical injury, including paralysis and death, and, on behalf of my child, I accept and assume these risks. I also understand that preventive measures taken by ASPIRE and any treatment my child may receive will not guarantee my child's safety or recovery.

I hereby consent to, and shall pay the cost of, any emergency transportation and treatment in the event of illness or injury during the Program.

All medical or physical condition(s) that my child has are disclosed in the ASPIRE ACTIVE Health Screen Form and (if my child does have any such condition) I have obtained certification from a medical practitioner (attached) stating that such conditions would not restrict my child's participation in the Program.

If any medical condition listed on the Health Screen Form occurs or is discovered during the course of my child's participation in the Program, I shall notify ASPIRE immediately in writing and provide certification from a medical practitioner stating that such medical condition(s) does not restrict my child's participation in the Program.

ASPIRE will not be responsible for any loss, theft and/or damage to vehicles and/or valuables left in vehicles or any other mode of transport of members or their guests whilst on ASPIRE premises or in any parking area designated for use of members or their guests.

On behalf of my child and on my own behalf, I hereby release and hold harmless ASPIRE from and against any liability, losses, damages, claims, or actions (including costs and attorney's fees) for any death, bodily injury or property damage relating to my child's participation in the Program.

PRINT NAME OF PARTICIPANT	SIGNATURE OF PARENT OR LEGAL GUARDIAN
DATE OF BIRTH OF PARTICIPANT	DATE SIGNED

NOTE: Any reference to 'ASPIRE' means ASPIRE Zone and includes ASPIRE Academy, ASPIRE Logistics and Aspetar.