

Bungee Fitness Australia
A: 1/12 Ace Crescent Tuggerah, 2259
E admin@bungeefitness.com.au
P: 0452 519 908
www.bungeefitness.com.au
ABN: 622 508 749



Client Details

TODAYS DATE: _____ CLASS: _____

FULL NAME: _____

ADDRESS: _____

D.O.B: _____ PHONE: _____

EMAIL: _____

EMERGENCY CONTACT: NAME: _____ PH: _____

Are you currently taking any medications? Y / N

If yes, please list type: _____

Do you have any injuries that could be aggravated by exercising? Y / N

If yes, please explain: _____

Do you have ANY medical issues, diseases or physical conditions? Y / N

If yes, please explain: _____

Do you have any physical condition that could be aggravated which we should be aware of in the event of a medical emergency? Y / N

If yes, please explain: _____

I know of NO physical or medical condition which I, or my doctor, feel could be aggravated by using the equipment and facilities or, participating in activities sponsored by *Bungee Fitness Australia*. I agree to advise *Bungee Fitness Australia* management in writing if any of the above information changes or if my doctor advises me to stop, reduce, or otherwise adjust my exercise regimen at *Bungee Fitness Australia*. I will advise *Bungee Fitness Australia* immediately if I injure myself in any way while on *Bungee Fitness Australia's* property or premises. This information is complete and accurate.

NAME: _____ DATE: _____

SIGNATURE: _____

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PHOTO – VIDEO RELEASE FORM

I hereby grant the business, *BUNGEE FITNESS AUSTRALIA*, permission to use my video(s), and or my likeness in a photograph, video, or other digital media (“photo”) in all its publications, including social media and web-based publications, without payment or other consideration.

I understand and agree that all photos will become the property of *BUNGEE FITNESS AUSTRALIA* and will not be returned.

I hereby irrevocably authorize *BUNGEE FITNESS AUSTRALIA* to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

I hereby hold harmless, release, and forever discharge *BUNGEE FITNESS AUSTRALIA* from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENTS/GUARDIANS AS EVIDENCED BY THEIR SIGNATURES BELOW. I ACCEPT:

Print Name: _____

Business Organization: _____

Signature: _____ | Date: ____ / ____ / ____

If under 18, both parents or legal guardian must sign individually and as parent/guardian.

Parent/Guardian Signature: _____ | Date: ____ / ____ / ____

Parent/Guardian Signature: _____ | Date: ____ / ____ / ____