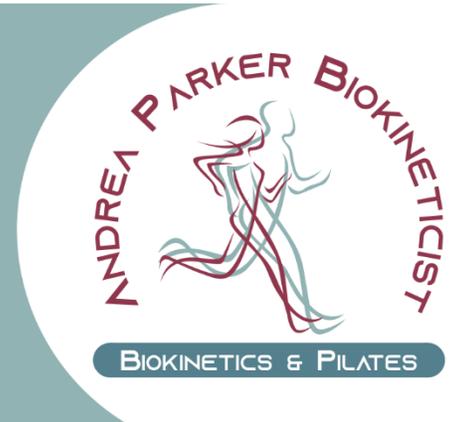




# Penryn

The gym @ Penryn membership



### Gym member details

Name		Surname	
ID Number		Age	
Email address			
Contact number			

### Person responsible for account

Name \_\_\_\_\_ Surname \_\_\_\_\_

ID Number \_\_\_\_\_

Postal address \_\_\_\_\_

Email address \_\_\_\_\_

Contact number \_\_\_\_\_

<b>Medial History</b> Please fill out any relevant details of injuries or chronic illness that we should be aware of.	

Signature \_\_\_\_\_ Date: \_\_\_\_\_



083 415 4056 • apbio@mwebbiz.co.za • The gym@ Penryn, Nelspruit • Practice Number: 0244953

### **Waiver and release consent form**

Because physical exercise can be strenuous and subject to risk of serious injury, Andrea Parker Biokineticist cc urges you to obtain a physical examination from a doctor before beginning any exercise or training program. You agree that by participation in these physical exercise sessions or personal training activities, you do entirely at your own risk. This includes, without limitation,

- A) Your use of all amenities and equipment in the facility and any off site location and your participation in any activity, class, program, personal training or instruction;
- B) The sudden and unforeseen malfunctioning of any equipment;
- C) Our instruction, training, supervision or dietary recommendations.

You agree that you are voluntarily participation in these activities and use of these facilities and premises and assume all risk of injury. You expressly agree to release and discharge Andrea Parker Biokineticist cc, its officers, employees and directors, from any and all injuries to you which may occur, regardless of negligence.

If any portion of this release from liability shall be deemed by a court of competent jurisdiction to be invalid, then the remainder of this release from liability shall remain in full force and effect and the offending provision or provisions severed here from.

You acknowledge that you are have carefully read this waiver and release and fully understand that it a release of liability. You agree to voluntarily give up any right that you may otherwise have to bring a legal action against Andrea Parker Biokineticist cc, its offers, employees and directors of negligence, or any other personal injury or property damage or loss action.

Signed: \_\_\_\_\_

Printed name: \_\_\_\_\_

Date: \_\_\_\_\_

Please email an ID photo of the member (apbio@mwebbiz.co.za) for a membership card to be issued.