**TO: WAYNE BURNS and LORELAI BURNS** trading as

ADULT FORM

Burns Outdoor Obstacle Training

ABN: 76 833 404 409

25 Dwyer Road

Bringelly NSW 2556

In consideration of you allowing me to take part in your “boot camp” fitness and training sessions activities, including any associated obstacle course, conducted by you, your employees and/or contractors at 25 Dwyer Road Bringelly (“the Venue”) I, the person whose full name, address and signature appear below, hereby agree, confirm and acknowledge that:

1. I will use all equipment and facilities at the Venue entirely at my own risk;

2. I will take part in all “bootcamp” activities described above, and will undertake any

Obstacle course at the Venue, entirely at my own risk;

3. Before undertaking any such activities, I have obtained an independent assessment from a qualified person of my physical ability to undertake the activities described in paragraphs 1 and 2 and I confirm, to the best of my knowledge, that I do not have any physical or medical condition or illness that may affect my ability to do so with safety;

4. I will comply with your directions and instructions given before or while I undertake any activity at the Venue;

5. If I fail to comply with any such directions or instructions you may require me to leave the Venue immediately;

6. I release you from all liability for any death, accident, injury, incapacity, loss or damage that I may suffer during or arising directly or indirectly from any activity described above;

7. I release you from all liability for any loss or damage to any property that I may incur while taking part in any activity described above;

8. I will indemnify and keep you indemnified against all actions or claims for compensation or damages arising from any accident, injury, incapacity, loss or damage described in paragraph 6 above;

9. The benefit of the releases and indemnity in this document will extend to your employees, agents and contractors; and

10. I am over the age of 18 years and I fully understand the legal effect of this document.

Dated\_\_\_\_\_ (day) of\_\_\_\_\_\_\_\_\_\_\_\_\_ (month) 20\_\_\_

**FULL NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RESIDENTIAL ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**