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

KIDS FORM

***Burns Outdoor Obstacle Training***

ABN: 76 833 404 409

25 Dwyer Road

Bringelly NSW 2556

In consideration of you allowing my son/daughter/child in my care,( named below) 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 adult person whose full name, address and signature appear below, hereby agree, confirm and acknowledge that:

1. My child will use all equipment and facilities at the Venue entirely at their own risk;

2. My child will take part in all “bootcamp” activities described above, and will undertake any obstacle course at the Venue, entirely at their own risk;

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

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

5. If my child fails to comply with any such directions or instructions they may be required to leave the Venue immediately;

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

7. I, on behalf of my child release you from all liability for any loss or damage to any property that they may incur while taking part in any activity described above;

8. I, on behalf of my child 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 that I am signing on behalf of my child.

\* I am the parent or legal guardian of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name), who is under the age of 18 years;

\* I consent to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name) taking part in the activities referred to in paragraphs 1 and 2 on this page; and

\* . On behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name) I provide you with the releases and indemnity described in paragraphs 6-8 on this page.

**FULL NAME OF PARENT OR LEGAL GUARDIAN**

**RESIDENTIAL ADDRESS**

**SIGNATURE**

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