

TO: WAYNE BURNS and LORELAI BURNS trading as  
Burns Outdoor Obstacle Training  
ABN: 76 833 404 409  
25 Dwyer Road  
Bringelly NSW 2556

<b><i>ADULT FORM</i></b>
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In consideration of you allowing me to take part in your “Obstacle Course” fitness and training sessions activities, 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, I hereby agree, confirm, and acknowledge that:

1. I will use all equipment and facilities at the Venue entirely at my own risk and accept that these activities are dangerous and can result in Injury;
2. I will take part in all “Obstacle Course” activities described above, entirely at my own risk and accept the risks involved are responsible for my own actions and/or involvement.
3. Before undertaking any such activities, 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 and I am under no obligation to participate or complete the activities if I have concerns about my ability to do so. To the best of my knowledge, I am physically able to participate in the advertised activities and know of no reason as to why I should not;
4. I will comply with your directions and instructions given before or while I undertake any activity at the Venue; if anything is unclear to them in the briefing then they will raise my concerns with a member of the Insureds team who is conducting the briefing;
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: \_\_\_\_\_

EMAIL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_