



# ANCHOR TRAINING

Name: \_\_\_\_\_  
 Contact Number: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_

Do you suffer from or have you recently experienced any of the conditions? If so, please provide details.

Significant injury or illness	Yes	No
High blood pressure	Yes	No
Chest pains	Yes	No
Diabetes	Yes	No
Asthma	Yes	No
Arthritis or joint pain	Yes	No
Back or neck injuries	Yes	No
Dizziness during or post exercise	Yes	No
Any other conditions	Yes	No

Are you currently taking medication?  
\_\_\_\_\_

Are you pregnant or have you had a recent pregnancy? Yes No

Do you smoke? Yes No

Are you currently exercising, and if so what type of exercise?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Have you recently travelled overseas? Yes No

How did you hear about Anchor Training?

Other \_\_\_\_\_

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



**Release and Waiver of Liability, Warning and Assumption of Risk**

Please read these terms and conditions carefully before signing.

I understand that by signing below, I am legally agreeing to all of the following statements:

1. I acknowledge and accept that participating in Anchor Training sessions may constitute a dangerous activity that represents a risk of injury or harm that cannot be eliminated completely.
2. I acknowledge and understand that the equipment used by Anchor Training is inherently dangerous.
3. I agree that I train at my own risk.
4. I expressly, knowingly and voluntarily assume all of the risks of participating in Anchor Training sessions.
5. I expressly assume all risks and take full responsibility for any and all damages, liabilities, losses, or expenses that I incur as a result of participating in Anchor Training sessions.
6. I understand that I am strongly advised to consult a medical practitioner prior to joining Anchor Training, especially if I am pregnant, disabled, or have recently suffered any illness, injury or impairment.
7. I agree that it is my responsibility to determine whether I am sufficiently fit, healthy and skilled to safely participate in Anchor Training sessions.
8. I warrant that I have no physical, medical or mental conditions of which I am aware or should be aware that would affect my ability to safely participate in Anchor Training sessions, or that would result in my participation creating a risk of danger to myself or others.
9. I warrant I have not been advised or cautioned by a medical practitioner not to participate in Anchor Training sessions and will advise Anchor Training of any medical condition, or other relevant issue, which may impact on my training.
10. I give my consent to receive any first aid and medical treatment which may be deemed advisable in the event of accident, injury and/or illness as a result of my involvement in Anchor Training sessions.
11. I agree to abide by the rules of Anchor Training.
12. I acknowledge that Anchor Training is not the owner of any other training site, which may include public land, and understand and agree that Anchor Training is not liable for injury or harm caused at or due to conditions at the training site.
13. I acknowledge and accept that there is a risk of loss, theft, damage and destruction to my personal property at the training site. I agree that I am solely responsible for my personal possessions and equipment before, during and after Anchor Training sessions.
14. I agree to comply with the directions and instructions of Anchor Training personnel.
15. I agree that I will not consume alcohol or drugs prohibited by law before or during my participation in Anchor Training sessions.
16. I agree that I have a responsibility to contact Anchor Training 24 hours prior to the scheduled session if I will not be able to attend and will be liable for the cost of the session should I cancel later than 24 hours.
17. I waive, release and forever discharge Anchor Training from any and all claims I may have arising out of my participation in Anchor Training sessions.
18. I covenant and agree not to sue Anchor Training for any such claims that may arise out of, result from, or relate to my participation in Anchor Training or my travel to or from Anchor Training sessions.
19. I understand and acknowledge that these claims include, but are not limited to, causes of action for death, personal injury, partial or permanent disability, negligence, and property damage or theft; causes of action relating to the provision of first aid, medical care, medical treatment, or medical decisions (at the site of the Anchor Training session or elsewhere); and claims for medical or hospital expenses.

By signing below, I acknowledge that I have read this document carefully, and agree to comply with all the above. I understand that my signature to this document constitutes a complete and unconditional release of all liability of Anchor Training.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_