

Do you have any health concerns that would limit your ability during the BWC? (i.e recent surgery, high blood pressure, diabetes, smoking etc') If so, please explain:

Have you been a member of a gym before, played a sport or dieted? If so, what did you do, how long ago was it and what results did you achieve?

What would be your biggest hurdle once registered to do the BWC? (Time, Work commitments, current habits, food, motivation, etc) Why?

If you have any comments, suggestions or questions about participating in THE BIGGEST WINNER CHALLENGE, please let us know:

The VIKING TEAM are excited to welcome you to THE BIGGEST WINNER CHALLENGE and can't wait to help you transform your life!

“You’ll never WIN, if you don’t BEGIN...”

I ACKNOWLEDGE THAT I ACCEPT PERSONAL LIABILITY FOR ALL ACTIVITIES IN WHICH I PARTICIPATE AND I VOLUNTARILY SIGN THE WAIVER OF LIABILITY ATTACHED.

Sign here to change your life...

Fitness at Viking Staff Signature

Date: ___/___/___

Amount Paid: \$_____

Balance Due: \$_____

D/D or U/F

(Deposits required with registration – D/D \$116.50 or \$100.00 U/F)

FITNESS at VIKING

PUBLIC LIABILITY WAIVER

Where a person is under the age of 18 years this form MUST be signed by the legal parent or guardian of that person who assumes liability for the child.

Notice. Participating in any activity at Fitness at Viking may result in injury or even death. Please read the following disclaimer which could affect your legal right to compensation and only sign it if you are satisfied you understand it.

I acknowledge that during all visits to Fitness at Viking

- *It is possible I could be injured
- *My personal property may be damaged or lost
- *Other persons participating in such activity may cause me injury or damage my property
- *I may cause injury to other persons or may damage their property
- *Injuries I suffer may be serious or life threatening
- * The conditions in which the activity is conducted may vary without warning
- * I may be injured or die or suffer damage to my property as a result of the negligence or breach of contract of the proprietor of Fitness at Viking or it's staff
- *There may be no adequate facilities for treatment or transport of me if I am injured.

I assume the risk of and responsibility for any injury death or property damage which may result from my participating in the activity.

RELEASE AND INDEMNITY OF FITNESS AT VIKING PTY LTD

In consideration of the acceptance of my payment for participating in the activity, or if no payment has been made, for allowing me to participate in the activity then, except to the extent that the same may be precluded by statute, I agree to RELEASE AND INDEMNIFY Fitness at Viking Pty Ltd as follows:-

***I participate in the activity at my sole risk and responsibility**

*I release, indemnify and hold harmless Fitness at Viking Pty Ltd its servants and agents from and against all and any actions or claims which may be made by me or on my behalf or by other parties for or in respect of or arising out of any injury, loss, damage or death caused to me or my property whether by negligence, breach of contract or in any way whatsoever.

I ALSO AGREE THAT in the event that I am injured or my property is damaged, I will bring no claim, legal or otherwise, against Fitness at Viking Pty Ltd nor the owners of the premises at which the activity is conducted, in respect of that injury or damage.

Before signing this document I have read it and understood it and know that it affects my legal rights.

Please inform us of any conditions, injuries, illnesses via a pre-exercise questionnaire.

SIGNED BY..... Date.....

WITNESS..(sign)..... (print name).....
(staff member)

I am the parent or legal guardian of who is under the age of 18 years. I accept full liability for such child, and I indemnify and will always continue to keep indemnified Fitness at Viking Pty Ltd and/or the owners of the Viking Fitness Centre against any claim or demand for personal injury, loss or other damage suffered by such child howsoever arising and whenever brought consequent upon that child's attending the Viking Fitness Centre. I accept that it is expressly on condition of my giving this indemnity that the child is allowed to participate in activities at Fitness at Viking.

SIGNED BY..... Date

WITNESS..(sign)..... (print name)