



Life Moovs

Membership and Indemnity Form

Name and Surname: _____ **Age:** _____

Identity Number: _____

Contact Number: _____

Name and Contact Details in Case of Emergency:

Life Moovs – Waiver of Liability for the use of the Gym, Trainers and Gym Members

The following waiver of all claims, release from all liability, assumption of all risk, agreement not to sue and other terms of this agreement are entered into by me, the undersigned students (the student) with and for the benefit of Life Moovs, its directors, officers, employees, volunteers, business operators, agents and site property owners or lessees (the studio).

I (print name), _____ agree that if I engage in any physical exercises or associated activity with the studio, I do so entirely at my own risk.

Furthermore,

1. I understand that physical exercise and any form of it can be strenuous and subject to risk of serious injury or death.
2. I recognize and understand that such risks may be due to, not only, my own actions, but also the actions, inaction or negligence of others, the regulations of participation, the conditions of the premises, or of any of the equipment used.
3. I recognize that there may be other risks that are not known to me or to others or not reasonably foreseeable at this time.
4. I agree to inspect the facilities, equipment and training partners prior to participation. I will immediately inform an instructor of the studio if I believe that anyone is unsafe or beyond my capability and refuse to participate.
5. I certify that I am in good physical conditions and have no diseases, injury or other conditions that would impair my performance or physical and mental wellbeing during any exercise activity.
6. I grant permission in case of injury to have a doctor, nurse, trainer or other emergency medical personnel provide me with medical assistance or treatment for such injury.
7. I understand that participation in any exercise activity, requires that I must maintain reasonable fitness which including strength, endurance and flexibility as well as good basic health. I agree to use my own good judgement based on my fitness and how much of the activities of class I can participate in.
8. I understand that I may stop participating at any time, and have the right to immediately withdraw from any exercise or drill in which the conduct of any party seems beyond the scope of training, makes me uncomfortable or which I believe will be harmful to me.



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9. I agree to follow all the rules as they are given to me both in writing and orally at the studio.
10. I understand that participation in any exercise activity while not in the same vicinity as my instructor from Life Moovs is done so on my own accord. I understand and agree to the risk I take when completing exercises without my instructor, and if I am injured whilst performing these physical exercises that I will not hold Life Moovs, my instructor or any other employee associated with Life Moovs accountable for said injury.
11. I understand the risk associated with COVID-19 and understand the manner in which the virus is spread.
12. I know and understand the risks associated with visiting the fitness facility .I accept these risks and agree that I cannot hold Life Moovs or its staff liable for the transmission of ,or any outbreak of, the virus at the facility . I indemnify, waive any right I might have to institute any claim of any kind against Life Moovs or its staff in relation to COVID-19

You acknowledge that you have carefully read this “waiver and release” form and that you fully understand that this is a release of liability. You expressly agree to release and discharge your personal fitness trainer, instructor or any and all members that represent the studio from any and all claims or cause of action and you agree to voluntarily give up and waiver any right that you may otherwise have to bring legal action against your trainer(s) or the studio for personal injury or property damage.

Date: / /

Signature : _____