



Cath's Kickers
Dance & Fitness



with Cathy Hodgson
Health & Fitness Liability Waiver / Informed
Consent Form



Name:- _____

Address:- _____

Postcode:- _____

Phone:- _____ E-mail:- _____

Emergency Name & Number:- _____

How did you hear about this class? _____

I, _____ agree and consent to the following:

I am voluntarily participating in the dance / exercise / fitness program conducted by *Cathy Hodgson*.

I recognise that the program requires physical exertion that may be strenuous at times and may cause physical injury, and I am fully aware of the risks and hazards involved.

I represent and warrant that I have no medical condition that would prevent my participation in the program, any concerns I may have I will consult with my doctor prior to taking part.

I agree to assume full responsibility for any risks, injuries or damage known or unknown which I might incur as a result of participating in the program.

I knowingly, voluntarily, and expressly waive any claim I may have against *Cathy Hodgson* for injury or damages that I may sustain as a result of participating in the program.

I, my heirs, or representatives' forever release, waive, discharge, and covenant not to sue *Cathy Hodgson* for any injury or accidents caused by their negligence or other acts.

I have read the above waiver and release of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Signed:- _____ Date:- _____



09/13

