

Studio Disclaimer

Mr / Mrs / Miss / Ms / Master	Date of Birth:
First Name:	Last Name:
Address: Suburb:	Post Code:
Mobile:	Home Phone:
Work Phone:	Occupation:
Email:	
Emergency Contact & Phone No.	Doctor's Name:
<p>How did you choose PhyxMe for Yoga/Pilates? (e.g. following your instructor who?, GP/Surgeon referral, friend recommendation– who?, web/goggle search – what did you search for?, drive by/walk in – please let us know and specify details – we like to keep track of our marketing and also thank our referrers.)</p>	
<p>Injury/Condition (anything your instructor should know about?)</p> <p>Do you have any other illnesses/conditions for example: AIDS/HIV, epilepsy, diabetes, cancer, heart problems, pregnancy, joint replacements, recent surgeries, medication use? If yes please provide details:</p>	

Disclaimer

I confirm that I am participating in exercise classes, programs and workshops offered by PhyxMe Physiotherapy & Rehabilitation during which I will receive information and instruction about fitness and health. I recognise that exercise requires physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.

I acknowledge I should always consult my physician or other healthcare provider before starting an exercise program. I understand that there is a risk of injury associated with participating and using PhyxMe Physiotherapy & Rehabilitation's studio, equipment and its instructors and contractors.

I hereby assume full responsibility for any and all injuries, losses and damages that I incur while attending, exercising or participating with PhyxMe Physiotherapy & Rehabilitation and its instructors and contractors. I hereby waive all claims against PhyxMe Physiotherapy & Rehabilitation, its instructors, contractors, clients or partners of individually or otherwise, for any and all injuries, claims or damages that I or my bike might incur.

Please tick all the boxes and type your full name in the space provided to confirm you have read and accept PhyxMe's policies. Thank you.

- I have read the release and waiver of liability and fully understand its contents
- I voluntarily agree to the stated terms and conditions for PhyxMe Physiotherapy and Rehabilitation's exercise classes.

Patient Name: _____ Date: _____

