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ACKNOWLEDGMENT OF RISKS, INJURY AND OBLIGATIONS AND RELEASE OF LIABILITY DOCUMENT

Important Please Read:

This is an important document which affects your legal rights and obligations. Read it carefully and If you have any questions please contact General Manager, Perth Integrated Health on 92405266 or appointments@perthintegrated.com

I acknowledge that this program can be a dangerous recreational activity and that by participating I am exposed to certain risks.

I acknowledge that I am over 18 years of age or I am completing membership and/or program entry on behalf of a person under 18 years of age in the capacity as their legal parent or guardian and I consent to this risk acknowledgment and release on their behalf.

I Acknowledge and Understand that whilst participating in this activity:

- I may be injured, physically or mentally, or may be killed, or my personal property may be lost or damaged.
- Other persons participating in this program may cause me injury or may damage my property, or I may cause injury to other persons or damage their property.
- The conditions in which this program is conducted may vary without warning.
- I assume the risk of and responsibility for any injury, death or property damage resulting from my participation in this program.

To the fullest extent permitted by law, I release and indemnify the Perth Integrated Health Clinic, Perth Integrated Health, Health and Business Consultancy, staff, PIH consultants, instructors and associates 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 confirm that I have read the acknowledgement of risks, injury and obligations and release statement and understand its impact on my rights.

I understand that my entry fee is non refundable and non-transferrable should I no longer be bale to attend.





