



ALIYA GYM WAIVER FORM

Name: _____

DOB: ____ / ____ / ____ Age: _____

Address: _____

Email Address: _____

Parent/Guardian Name _____

Parent/Guardian(Signature): _____

Father Name: _____

Phone Number: _____

Mother Name: _____

Phone Number: _____

Emergency Contact Number, if different than above: _____

PLEASE READ CAREFULLY. THIS FORM MUST BE SIGNED BY A PARENT/LEGAL GUARDIAN FOR ANY PARTICIPANT UNDER THE AGE OF 18. My child has my permission to use the Aliya Gym and it's equipment. I agree to the following:

RELEASE of LIABILITY: I agree to allow the dependent child listed above to participate in the use of the Aliya Gym at Aliya HQ at 1/12 William St; I acknowledge that use of the Aliya Gym involves certain non-exclusive risks including death, serious neck, back and spinal injuries, brain damage and other serious injury to virtually all bones, joints, muscles, and internal organs. I agree on behalf of myself, and my dependent child listed above (collectively "us") to release the Aliya Organisation, employees, and volunteers harmless from any present and future claims for personal injury, death or property damage arising out of, or in any way connected with use of the Aliya Gym's facilities, equipment, or services by us. I further agree to indemnify and hold the Aliya Organisation, its volunteers, and the it's staff harmless from and against any / all liability, injury, loss, expense, and cost (including reasonable attorneys' fees) arising out of, or in any way connected with use of the Aliya Gym's facilities equipment or services by us or my breach of this agreement. I further covenant and agree not to sue, attack, or prosecute the Aliya Organisation, its volunteers, and the it's staff. The releases, indemnifications and other provisions to this paragraph shall survive the termination of my membership and this waiver.

HOLD HARMLESS: It is my express intent that this release and hold harmless agreement shall bind the members of my family and spouse (if any), if I am alive, and my heirs assigned and personal representatives, if I am not alive, shall be deemed as a release, waiver, discharge, and covenant not to sue the Aliya Organisation, its volunteers, and the it's staff.. I hereby further agree that this waiver of liability and hold harmless agreement shall be construed in accordance with the laws of Victoria, Australia.

MEDICAL COSTS: I understand that the Aliya Organisation, its volunteers, and the it's staff will not be responsible for any medical costs associated with any injury my child may sustain.

RULES AND REGULATIONS: I further agree to become familiar with the rules and



regulations of the Aliya Gym concerning participant conduct and not to violate said rules of any directive or instruction made by the person or persons in charge of the Aliya Gym.

INFORMED AGREEMENT: I have reviewed this Agreement and am aware of the risks involved in participating in the use of the Aliya Gym and the possible injuries that may occur. In signing this release, I represent that I understand this Agreement and sign voluntarily as an act of my own free will. I am at least eighteen (18) years of age and fully competent to execute this Agreement. Also, I understand that all rules and regulations for the Aliya Gym will be enforced and any violation by my child may result in a call to me with a possible request to come and pick up my child.

GYM USE ETIQUETTE • Wipe down equipment when done. • Put weights/equipment away when finished. • Do not text in between sets while resting on equipment. If you need to take a call, please do so outside of the Gym. • Do not drop or throw your weights. • Respect the shared space and do not monopolise the equipment. Keep moving and let people work in between sets – no resting on equipment. Avoid congregating or move outside. • Keep the noise level down and no cursing.

I _____ have read the above policies and understand that I may be asked to leave the premises if I am not following the above rules. I understand that if I am asked to leave the gym permanently, I will not be refunded.

Date of Certification: _____

Membership Number: _____

Name of Staff Member: _____

Signature of Staff Member: _____