



Over 30 years' experience in the Health & Fitness Industry—*Location:* -113 Yarra Valley Blvd, Bulleen 3105 VIC ABN 36836762597-

Web www.celebratingabilities.org.au Ph: 0412526383. Email: margie@vibes.com.au & margie@celebratingabilities.org.au

Terms of engagement Please print your name: _____ Date: _____

Named in the schedule whose signature appears below in consideration of Margie Azatara Cerato at Celebrating Abilities Inc, "Vibes Fitness, Personal coaching & all subcontractors" providing me with personal training, conducted at Celebrating Abilities' Inc, & Vibes Fitness and associated advice for myself, my heirs my administrators and executor's hereby consent and agree as follows.

1. I warrant that I am medically able and that I do not have any current known illnesses, diseases, injuries and that I am in good health. I understand the risks in doing some activities and there is no medical reason why I cannot do all activities with Celebrating Abilities Inc and Vibes Fitness and acknowledge that I undertake all training and carry out all tasks at my own risk. I recognise that any training activity is potentially hazardous if not performed correctly with correct technique as instructed by teacher. I agree to inform Celebrating Abilities Inc & Vibes Fitness know prior to training if I have vertigo, travel sickness, migraines, headaches, glaucoma, had any surgery, am on any medication or if pregnant.
2. I hereby waive any claim, right or cause of action that I might otherwise have for or arising from any illness, sickness, injury, death or danger of whatsoever nature which I may suffer or sustain in the course of and participation in any training or subsequent to any training, any services.
3. The waiver in clause 4 shall be and operate in favour of all persons, corporations and bodies involved or otherwise engaged in providing my and all my subcontractors', training and associated advice and the servants, agents, representatives and officers of any of them.
4. This document and waiver extend to all claims of any kind of nature whatsoever, foreseen or unforeseen, known or unknown.
5. I give permission for Celebrating Abilities & Vibes Fitness, to use any photos or videos of myself on our website & social media. Yes-no-
6. Please note we require the individuals to be toilet trained and or wear appropriate continence clothing, pads if needed and have support worker, parent or guardian attend.
7. Zero tolerance for abusive behaviours', physical, mental or emails. You will be asked to leave with no refunds.

Disclaimer, please sign that all the above is read and understand. Initial all 1-7

Full name _____ Contact number _____

Address _____ Email address _____

Signature: _____ Thankyou ☺

Please list any injuries, medications, tightness, aches, pains and challenges in your body or anything we need to know so we may assist and support you. Please list Goals-what you want to achieve?