

# Fitness Maniacs' Online Challenge

## Waiver, Release and Assumption of Risk Form

### Waiver, Informed Consent and Covenant not to Sue

I, \_\_\_\_\_, have volunteered to participate in a program of physical exercise under the direction of the **Fitness Maniacs Team** which will include, but may not be limited to, weight and/or resistance training. In consideration of the **Fitness Maniacs Team** agreement to instruct, assist and train me, I do here and forever release and discharge and hereby hold harmless the **Fitness Maniacs Team, Organisers and Sponsors** from any and all claims, demands, damages, rights of action present or future, arising out of or connected with my participation in this or any exercise program including any injuries resulting there from.

I understand and I am aware that strength, flexibility and aerobic exercise, including the use of equipment, are a potentially hazardous activity. I also understand that fitness activities involve a risk of injury or even death, and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risk of injury or death

I do hereby further declare myself to be physically sound and suffering from no condition that would prevent my participation or use of machinery or equipment. I acknowledge that I have either had a physical examination and have been given doctors permission to participate, or that I have decided to participate in activities and use machinery and equipment without the approval of my doctor and do hereby assume all responsibility for my participation and activities, and utilisation of machinery and equipment in my activities.

***I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. BY SIGNING THIS DOCUMENT, I AM WAIVING ANY RIGHT MY SUCCESSORS OR I MIGHT HAVE TO BRING LEGAL ACTION OR ASSERT A CLAIM AGAINST: The Fitness Maniacs Team, Organisers and Sponsors.***

Participant's Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_



NAME: \_\_\_\_\_

MALE

FEMALE

ADDRESS: \_\_\_\_\_

HOME TRAINING SESSIONS  Pro Nutrition Extreme Lean Flavour  Chocolate  Vanilla  Strawberry

GYM TRAINING SESSIONS

E-MAIL: \_\_\_\_\_

CELL: \_\_\_\_\_

**TERMS AND CONDITIONS**

I, the undersigned, do hereby agree that:

- ❖ I shall pay the fees of Fitness Maniacs (hereinafter referred to as "FM") in advance as quoted by FM.
- ❖ If I do not pay the fees of FM timeously, then I acknowledge that FM may cancel my membership of FM should I not pay the fees after receiving seven (7) days' notice to do so.
- ❖ I acknowledge that FM requires at least twenty (20) business days (i.e. excluding weekends and public holidays) notice in terms of the Consumer Protection Act Number 68 of 2008, to cancel the membership or challenge of FM.
- ❖ In the event of an early cancellation of membership by FM in terms of 2 above or by me for any reason, whether medical or otherwise, I shall not be entitled to a refund.
- ❖ FM will be entitled to use all photographs taken of me to market its business and that of its sponsors.
- ❖ The winner will be selected by a panel of independent Judges. The Judges' decision is final and no correspondence entered into.
- ❖ Payment must be made upfront **in full** for the Challenge OR by debit order collection.
- ❖ All payments are due by the 1<sup>st</sup> September 2017 unless a debit order contract has been signed.
- ❖ **Fitness Maniacs Banking Details**  
 NedBank: Cheque  
 Branch Code: 198765  
 Account Number: 1081606541  
 Reference: Your Name and Surname
- ❖ The Challenge will begin on the 1<sup>st</sup> September 2017 and end on the 23<sup>rd</sup> November 2017.
- ❖ Best Male Transformation – R5000, Best Female Transformation – R5000, Overall Winner (Chosen from Best Male/Female Transformation) - a 3 day cruise on board the Sinfonia, Best Physique Male – Pro Nutrition Supplement Hamper, Best Physique Female – Pro Nutrition Supplement Hamper
- ❖ The 3 day cruise on board the Sinfonia will include accommodation, all meals, port taxes, customs fees and mandatory services charges for 2 people. Costs to Durban Port and drinks are NOT included.
- ❖ By entering the competition the winner agrees to participate in such promotional activity and material as Fitness Maniacs and Sponsors may require.
- ❖ The prize will not be transferable to another person.
- ❖ No part of a prize is exchangeable for cash or any other prize.
- ❖ By entering this competition the participant accepts the full terms, conditions and rules of this competition and agrees to abide by these rules
- ❖ The winners will be announced on the 18<sup>th</sup> December 2017 on the Fitness Maniacs Website and Facebook.
- ❖ Online participants will form part of the greater Durban 12 week Spring Challenge and Prize Pool **BUT will be excluded from The Biggest Loser Category.**
- ❖ No variations of these terms shall be binding unless reduced to writing and signed by me and an authorised representative of FM.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



### Medical Clearance Form

On this questionnaire, a number of questions regarding your physical health are to be answered. Please answer every question as accurately as possible so that a correct assessment can be made. Please mark the box **only** if it applies to you.

Please ask if you have any questions. Your responses will be treated in a confidential manner:

- Do you have any personal history of heart disease (coronary or atherosclerotic disease)?
- Any personal history of diabetes or other metabolic disease (thyroid, renal, liver)?
- Any personal history of pulmonary disease, asthma, interstitial lung disease or cystic fibrosis?
- Have you experienced pain or discomfort in your chest apparently due to blood flow deficiency?
- Any unaccustomed shortness of breath (perhaps during light exercise)?
- Have you had any problems with dizziness or fainting?
- Do you have difficulty breathing while standing or sudden breathing problems at night?
- Have you experienced a rapid throbbing or fluttering of the heart?
- Do you suffer from ankle edema (swelling of the ankles)?
- Have you experienced severe pain in leg muscles during walking?
- Do you have a known heart murmur?
- Has your serum cholesterol been measured at greater than 200 mg/dl?
- Are you a cigarette smoker?
- Has your HDL (the "good" cholesterol) been measured at greater than 60 mg/dl?
- Would you characterise your lifestyle as "sedentary"?
- Have you had a high fasting blood glucose level on 2 or more occasions ( $\geq 110$ mg/dl)?
- Are you 20% or more overweight or have you been told your "BMI" was greater than 30?
- Have you been assessed as hypertensive on at least 2 occasions (systolic $>140$  mmHg or diastolic $>90$ mmHg)?
- Do you have any family history of cardiac or pulmonary disease prior to age 55?

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_