



Prior to participating in any sessions/activities at Wild Workouts **you** must first read the following pages thoroughly and complete all questions in full. We reserve the right to exclude from participation anyone who does not provide complete and truthful answers. The collection of these details is intended to make your experience as safe and enjoyable as possible, and to help you get the most out of your time here, so your honesty is essential and greatly appreciated.

This information is used to assess your suitability for specific activities and may be referred to in the event of an accident, illness or medical emergency. False, misleading or omitted information could lead to the recommendation of an activity that is inappropriate or unsafe for you and could result in injury. It is with this understanding that you are agreeing to and signing this accident waiver and release of liability form.

Please be assured that we will not disclose your private information to anyone (with the only exception being in the event of a medical emergency as outlined below), and we will not store your financial details in any way once payment has been received.

## **DISCLAIMER**

Whilst our staff are all proficient in administering basic first aid, they are not medical professionals and cannot provide advanced medical advice or medical care. Most of the activities offered at Wild Workouts carry an inherent risk of injury due to their physically demanding nature and the actions that they involve (i.e. climbing, tumbling, jumping, etc.), and you may need to seek qualified medical care if you sustain any injuries during your activity or after leaving the centre. Wild Workouts **will not be** held liable for any medical costs that you incur following your participation in any of our activities.

Everything within our centre, including the layout of the environments, the design of the activities themselves and the safety protocols followed by our staff are all done with a primary focus on risk mitigation. Although we can never 100% guarantee your safety due to the inherent risks we have mentioned, we do everything in our power to minimise the risks by adhering to the following principles:

- Regular maintenance of all equipment by appropriately qualified and experienced staff. Equipment is replaced immediately if maintenance or repair is insufficient.
- Frequent staff meetings and training sessions are held to ensure that all our instructors are competent and following the same protocols, and all staff and instructors are trained in the latest first aid and safety practices.
- All procedures are tested and reviewed regularly, and tweaked in circumstances where we believe it will enhance the safety of our activities and our students/guest
- Any student/guest who does not comply with the conditions set out in the **Responsibilities of the Customer** section of this form will be either refused entry to the centre or will be ordered to leave the premises.
- Certain activities will not proceed if instructors or staff deem that the environmental conditions or some other unforeseen circumstances could adversely impact the safety of the student/guest.
- This waiver form must be completed by a parent/guardian for each child **under the age of 18**.



- Poor behaviour will not be tolerated under any circumstances. Any student/guest not following the rules or refusing to follow the directions of instructors or staff will be escorted from the premises.

If you have any doubts about whether a particular activity is suitable for you or your child, or you have any concerns regarding an existing medical or physical condition and how this might impact your ability to participate, please seek advice from a qualified medical professional such as your GP prior to attending Wild Workouts.

If we assess that your safety may be at risk due to a pre-existing or potential medical/physical condition, we may insist that you provide a letter from your GP or surgeon giving their approval for you to participate in your chosen activity/activities. Please understand that these measures have been put in place for your safety and wellbeing – we will never exclude anyone from participating unless we feel that it is in your best interest to do so.

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**Name:**

**Address:**

**Phone:**

**Email:**

**DOB:**

**Emergency Contact Name & Number:**

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**Have you ever been to an aerial/pole or bouncy castle party previously? If 'Yes', please provide details of what type of facility you've attended, and which activities you've done:**

**What level of physical fitness would you describe yourself as?**

**A) Extremely fit B) Reasonably fit C) Average fitness D) Quite unfit E) Very unfit**

**Do you currently do any form of exercise? If so, what type of exercise and how often?**

**Depending on the activity you've signed up for, are you attending purely for fun/enjoyment or are you looking to improve your skills?**

**Do you regularly take any type of medication (either prescription or over the counter)? If 'Yes', please provide details:**



**Do you suffer from any medical conditions or illnesses (e.g. high blood pressure, high cholesterol, asthma, migraines, allergies of any kind, dizziness, heart conditions, cancer, poor circulation, blood clots, etc)? If 'Yes', please provide details regarding each condition:**

**Do you suffer from any type of chronic pain? If 'Yes', please provide details:**

**If 'Yes' to the above, what makes your pain worse? What makes it feel better?**

**Have you ever had an adverse reaction to any exercise/physical activity? If 'Yes', please provide details:**

**Are you pregnant, or is there a possibility that you might be pregnant?**

**Have you had any injuries in the last three years? If 'Yes', please provide details:**

**Have you ever had any surgeries? If 'Yes', please provide details:**

**If you are pregnant, or have had any significant injuries or surgeries in the last 12 months, do you have approval from your physician to attend this session?**

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**WHICH ACTIVITY/ACTIVITIES WILL YOU BE PARTICIPATING IN TODAY:**

- Kids Aerial
- Kids Pole
- Kids Go Wild Party (Bouncy Castle FUN!)
- Kids Aerial/pole Go Wild Party
- Adults Aerial
- Adults Pole



## □ Adults Go Wild Party

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This signed waiver and release form will only be accepted if you are at least **18 years of age** (or your parent/guardian has signed it) and you are legally and mentally capable of understanding and adhering to the conditions stipulated in this agreement.

As stated above, there is a requirement that all questions on this form are answered, and that you fully disclose any information that is requested within. If any relevant information is withheld, the form is not completed in full, or the information that is provided raises any concerns regarding your health, safety or wellbeing, we reserve the right to refuse your participation unconditionally.

If you are not of at least **18 years of age**, you may only be considered for participation if a parent or legal guardian who is at least **18 years of age** signs the waiver form on your behalf. In doing so, this person is accepting and agreeing to all conditions stipulated within this document on your behalf.

This agreement is between Wild Workouts C.I.C and Parent/guardian/student

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## ACKNOWLEDGMENT OF RISKS

During my visit to Wild Workouts, depending on the types of activities that I am participating in, I may receive some instruction, advice or information regarding techniques and safety precautions, as well as how to operate equipment correctly and safely. I acknowledge that such advice or information is provided by Wild Workouts to assist me and to comply with all health and safety regulations, but ultimately, it is my decision whether to follow such advice.

Such instruction is intended to provide participants with a basic understanding of correct techniques but does not guarantee the elimination of accidents or the potential for injury. I acknowledge that these activities involve varying degrees of physical exertion and strain, and that there is always an inherent risk of injury when participating in physical activities.

I confirm that the staff of Wild Workouts have made me fully aware of the possible risks associated with participating in my chosen activity/activities, and I confirm that I will not hold Wild Workouts responsible for any injuries that I sustain because of any activity. I acknowledge that by signing this form I am accepting these risks and am choosing to participate regardless, and I am aware that I can cease participation in any activity at any time.

I confirm that I am not under the influence of any drug or alcohol, and that I have made the decision to sign this form whilst in full control of my senses. If I am regularly taking any type of medication that may impair my ability to participate in physical activity or might exacerbate an injury (for example, blood thinning medication), I have informed the staff of Wild Workouts and have discussed it with them.

Parental/guardian consents to:



- **I give permission** for my child to take part in the activities provided by Wild Workouts and for the information to be held and used by the Wild Workouts Team.
- **I give permission** for Wild Workouts to use photo/video footage taken during the activities for promotional purposes such as displays and social media.
- **I give permission** for medical attention to be sought in case of emergency
- **I understand** that Wild Workouts cannot take responsibility if your child does not abide within the rules.
- **I understand** that at times your child may need spotting on equipment and that instructors will be placing their hands on your child in a safety manner **ONLY** (ie hips) in order to guide them in a move.

In signing this waiver and release form, I am confirming that I have read and fully understand all its contents and stipulations, and that I agree to all the provisions within. I acknowledge that I am **18 years of age** or older, or that if I am **under 18 years of age**, my parent/legal guardian has read and understood this document and all its terms and conditions, and they have signed the form on my behalf.

**Full Name:**

**Signature:**

**Date:**