



# EXTREME PHYSIQUE GYM

Name: ..... Gender: .....

ID:..... Tel: .....

Email: .....

Address: .....

Date of joining Oukor Extreme Physique Gym: .....

• Please answer all the following questions:

1. Have you been told by a physician/doctor or are you aware of any medical conditions (such as heart disease, high blood pressure, diabetes, asthma,, pregnancy or others) that could be aggravated by physical activity etc.  
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2. Have you been told by a physician / doctor or are you aware of any neck, back, shoulder, wrist, hip, ankle, knee or any other muscular or skeletal problem that may be aggravated by physical activity? If yes, are you using any orthopedic device for this illness?  
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3. Have you been diagnosed with any other medical conditions, physical or mental, which you think we should be told about before you join Oukor Extreme Physique Gym?  
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4. Do you have sensory difficulties, such as poor eyesight or impaired hearing of any sort?  
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5. Are you under medication at present?  
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6. **Emergency Contact Name:** .....  
**Tel:** ..... **Relationship:** .....

1. Although Oukor Extreme Physique Gym has taken reasonable steps to provide participants with appropriate equipment, I accept and acknowledge that there are risks, hazards, and dangers associated with using gym equipment. These inherent and other risks, hazards and dangers can cause injury, property damage, disability or death.
2. Except where provided or required by law and as such cannot be excluded, in consideration of and as a condition of my acceptance of my entry in the program or activity, I agree to release, indemnify and hold harmless Oukor Extreme Physique Gym, its officers, employees, agents, volunteers, contractors, public bodies, landholders and sponsors, from and against any and all claims, demands, right or cause of action, suits, expenses, costs and proceedings of any nature whatsoever 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 as a result of my entry or participation in the program or activity.
3. I also agree that in the event I am injured or my property is damaged I will bring no claim, legal or otherwise, against Oukor Extreme Physique Gym in respect to that injury or damage unless Oukor Extreme Gym has been grossly negligent.
4. I have carefully read and understood this document. I acknowledge that there are dangers involved and participation in the activities in voluntary. I agree to pay attention to instructions and follow directions. I acknowledge that I must be responsible for my own safety at all times.

Signature : ..... Date: .....

• PARTICIPANTS UNDER THE AGE OF 18

I hereby sign below in agreement for the release of liability and assumption of risk for my child / ward named above.

Parent's Name: ..... ID no.: .....

Signature: ..... Date : .....