



Section 1: Client Identification and Contact Details

Company: Change Coaching Australia Pty Ltd
Address: 137 Nullarbor Ave Harrison ACT 2914
Website: www.changecoachingaustralia.com.au
Email: enquiries@changecoachingaustralia.com.au
ABN: 48162458004 **ACN:** 162458004
Provider: AUSactive - 014499

Client:

Address:

Phone:

Date:

Section 2: Definitions

Company is identified in Section 1 as Change Coaching Australia Pty Ltd [ABN 48162458004] and includes all its owners, sponsors, affiliates, employees, volunteers, independent contractors, equipment providers, agents, and facility or venue owners

Client is the person identified in Section 1, who intends to participate in Company Activities and services

Claims are all claims, under the statute, tort, contract or negligence, any demand, award or costs

Loss and Damage is any direct, indirect, incidental, punitive, special, or consequential loss or damages of any kind, including but not limited to, any loss of enjoyment, personal injury, death, or negligence to the extent permitted by law, trespass, property damage and legal costs

Venue is any venue that Activities are undertaken, and could be Change Coaching Australia studios, or any venue, and any retreat locations

Activities are all health, fitness and recreational services facilitated by Change Coaching Australia and external providers providing fitness, wellness, retreat and workshop services

Section 3: Activities

Services and Activities include all face to face, online and video: health, fitness and lifestyle services and Activities offered by and/or in conjunction with Change Coaching Australia's business and undertakings. Services and Activities include but are not limited to: walking, dancing, dance aerobics, low impact aerobics, high impact aerobics, stretching, yoga, myofascial release, indoor running, outdoor running, jumping, stepping onto platforms, padwork boxing, speedball boxing, rebounder (trampolining), circuit, spinning (indoor cycling), heavy weight lifting, light weight lifting, performing banded, bodyweight and stability (standing on one leg, balancing on balls) exercises, water activities (swimming, yoga, floating) and wellness coaching

Section 4: Medical Clearance Criteria

If you answer "Yes" to one or more of the following questions, we require you to provide us with a Medical Clearance.

1. Have you completed a health assessment or pre-exercise screening tool that indicates you require a medical clearance to participate in physical activities?
2. Has anyone in your family under 60 suffered heart disease, stroke, raised cholesterol or sudden death?
3. Are you over 35 years of age and not used to vigorous exercise?
4. Has your doctor ever told you that you have a heart condition or have you ever suffered a stroke?
5. Do you ever experience unexplained pains in your chest at rest or during physical activity/exercise?
6. Do you ever feel faint, dizzy or lose balance during physical activity/exercise?
7. Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months?
8. If you have diabetes (type I or type II) have you had trouble controlling your blood sugar (glucose) in the last 3 months?
9. Have you been hospitalised recently?
10. Do you have any infectious diseases?
11. Do you have any allergies?
12. Do you have any medical condition(s) that may make it dangerous for you to participate in physical activity/exercise? (including any acute or chronic conditions)?
13. Are you taking any drugs or medications that may make it dangerous for you to participate in physical activity/exercise?

Section 5: Agreements

I agree and acknowledge that:

1. I am in adequate physical condition to attend the Venue and participate in the Activities and possess a sufficient level of skill and fitness for safe participation
2. I have no health issues that would make participation unsafe
3. I will notify Change Coaching Australia immediately if my health changes due to injury, illness, onset or worsening of a medical condition, pregnancy or other medical procedure
4. I will inform my coach if I feel any unusual discomfort (e.g., faintness, shortness of breath, high anxiety, chest pains) during participation in any of the Activities
5. I will monitor my heart rate and blood pressure
6. I am sufficiently self-aware of my physical limitations and any surrounding hazards, and will stop any physical activity before I become ill or injured, or if I believe it is unsafe
7. I will comply with all medical advice I've been given
8. I will seek medical clearance for any acute and/or chronic conditions (if any) I have been diagnosed with as I understand that I am only able to participate in Activities if my medical practitioner deems me to be "stable and managed"
9. I have completed the Exercise and Sports Science Australia's Adult Pre Exercise Screening System truthfully and accurately and to the best of my knowledge. I will inform my coach of any injuries or concerns that may require modification of exercises
10. I must comply with Company and any third party policies and procedures and email the relevant third party if there are any issues
11. I am able physically fit enough and capable of participating in water activities;
12. I am responsible for the purchase, selection and safety of my pool equipment including my pool float, should I choose to use one, and I am competent in its' use and operation. If I am at all uncertain, I agree not to partake in pool activities





Section 6: Inherent Risks

Whilst there are many benefits to the Activities, like all other such exercise activities, they involve some risks of injury that are inherent to the activity "inherent risks". The inherent risks include:

1. Over straining during exercise;
2. Exacerbating pre-existing medical conditions (mental and/or physical);
3. Mental health/anxiety/trauma responses to discussing health goals;
4. Hearing strain - exposure to loud noise (music and speedballs);
5. Eye strain (screen-based activities);
6. Slips, trips and falls (treadmills, rebounders, dancing, step ups, pools etc).

I have read and understood that the Activities contain inherent risks. I understand the demands of the Activities relative to my abilities (or that of my minor child), and I appreciate the types of injuries that may occur as a result of the Activities and their potential impact on my well-being and lifestyle (or that of my minor child). I confirm that my participation (or that of my minor child) is voluntary and that I (and my child) knowingly assume all inherent risks.

Section 7: Health and Safety

Change Coaching has endeavoured to maintain the safety of the Activities by:

1. Maintaining current First Aid and CPR certificates, and ensuring a first aid kit is on hand
2. Ensuring all venues are well ventilated and illuminated
3. Having good quality equipment, that is regularly checked for fair wear and tear
4. Providing instruction and emphasising safe skill progression
5. Following policies and procedures as required
6. Maintaining industry requirements and qualifications including CECs
7. Limit the number of clients

However, we require your co-operation to maintain the safety of the Activities by you agreeing to all of the below:

1. Obey all safety instructions, medical advice, Company policies and procedures
2. Obey our instructions, including those delivered by my personal trainer, facilitator, coach and/or instructor
3. Alert the Company Director to any dangerous behaviour of co-participants
4. Wear the correct gear
5. Respect any Venue and equipment and not willingly cause damage to any Venue or piece of equipment.
6. Wear clean indoor shoes in Company studios
7. Warm up for a minimum of 10 minutes prior to attending sessions where I will be undertaking physical activity
8. Cool down and stretch for a minimum of 10 minutes independently after attending sessions where I undertook physical activity
9. Not carry any valuables
10. Bring inhalers, epi pens etc as prescribed with a letter from my doctor about how and when to use them
11. Dispose of biohazards such as tissues properly
12. Provide emergency contact details
13. Not use any other part of the Venue other than the fitness studio
14. Not park in the driveway to allow access for emergency vehicles, couriers and residents

In case of an emergency, you authorise us to:

1. Administer emergency first aid and/or CPR where deemed necessary
2. Contact your listed emergency contacts to inform them of the incident that led to contacting them
3. Secure emergency medical care or transportation where we decide it is necessary, at your cost
4. Seek any medical attention, treatment, surgery or administration of drugs by qualified and licensed medical personnel

You further agree to assume all costs of emergency medical care and transportation

Section 8: Release and Indemnity

In consideration of permission to participate in the Activities; you on behalf of yourself, your spouse, your heirs, your parents or guardians, personal representatives, and assigns ["Releasing Parties"] release us from all Claims. You also agree to indemnify Change Coaching Australia from and against any all Loss and/or Damage arising out of or in connection with your participation and any damage to third parties. The laws of ACT, Australia govern this Release and the parties subject to the jurisdiction of the courts of ACT and Australia.

I have read this Agreement and understand that I am giving up substantial rights, including the right of both the participant and the parent or guardian to sue for damages in the event of death, injury or loss. I acknowledge that I am voluntarily signing this agreement and intend my signature to be a complete release of all liability.

Name: _____ Signature: _____ Date: _____

Legal Guardian: _____ Signature: _____ Date: _____

Power of Attorney: _____ Signature: _____ Date: _____

