



# Cath's Kickers dance and fitness

with Cathy Hodgson

## Health & Fitness Liability Waiver / Informed Consent Form

Name:- \_\_\_\_\_

Address:- \_\_\_\_\_

\_\_\_\_\_ Postcode:- \_\_\_\_\_

Phone:- \_\_\_\_\_ E-mail:- \_\_\_\_\_

Emergency Name & Number:- \_\_\_\_\_

How did you hear about this class? \_\_\_\_\_

I, \_\_\_\_\_ agree and consent to the following:

I am voluntarily participating in the dance / exercise / fitness program conducted by *Cathy Hodgson*.

I recognise that the program requires physical exertion that may be strenuous at times and may cause physical injury, and I am fully aware of the risks and hazards involved.

I represent and warrant that I have no medical condition that would prevent my participation in the program, any concerns I may have I will consult with my doctor prior to taking part.

I agree to assume full responsibility for any risks, injuries or damage known or unknown which I might incur as a result of participating in the program.

I knowingly, voluntarily, and expressly waive any claim I may have against *Cathy Hodgson* for injury or damages that I may sustain as a result of participating in the program.

I, my heirs, or representatives' forever release, waive, discharge, and covenant not to sue *Cathy Hodgson* for any injury or accidents caused by their negligence or other acts.

I have read the above waiver and release of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Signed:- \_\_\_\_\_ Date:- \_\_\_\_\_

[www.cathskickers.co.uk](http://www.cathskickers.co.uk)

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