

## Application Form

Name & surname	
Contact number	
Email Address	
Date of birth	
Postal address	

7 day a week online program	R 900
3 day a week online program	R 500
1 hour individual online training session	R350 per hour

## Terms & Conditions

### Payment:

Fees are due by the 1st of each month. Your monthly program will be released after payment is made.

### Waiver, informed consent and idemnity:

I, the undersigned, have volunteered to participate in a program of physical exercise under the direction of Iron Gate Online coaches, which will include but may not be limited to weight and/or resistance training. I understand that strength, flexibility and aerobic exercise, including the use of equipment, can be a potentially hazardous activity and that fitness activities involve a possible risk of injury. I am voluntarily participating in these activities and using equipment with the knowledge of the risks involved. I hereby release and discharge Iron Gate Online from any and all present or future claims, demands, damages or rights to action arising out of or connected with my participation in this exercise program, including any injuries resulting therefrom.

- I further declare myself to be physically sound and not suffering from any condition that would prevent my participation in exercise.
- I further declare that I have not had a physical examination and have chosen to participate in this program.
- I further declare that I will participate without the approval of my doctor and do hereby assume all responsibility for my participation and activities, and utilisation of any equipment in my activities.
- I indemnify Iron Gate Online.

I have read and understand the terms and conditions of the contract and acknowledge that this is a legally binding document. 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 I or my successors might have to bring a legal action or assert a claim against Iron Gate Online.

Printed Full Name	
ID Number	
Date of signature	
Signed at (place)	
Signature	

### Relevant medical conditions

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