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| **Venue :** | **Date :** |
| **Address :** | **Session Leader :** |

**By signing below you agree to the following statements:**

1. I understand that it is my responsibility to consult a doctor prior to and regarding my participation in the session. I confirm that I have no medical condition which would prevent me from participating in this session and will self-regulate my involvement to personally manage any health issues I do live with.
2. That I recognise that exercise requires physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
3. I agree to assume full responsibility for any risks or injuries sustained or of loss or damage to personal property during the session.

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| **NAME** | **SIGNATURE** |
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