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***Awesome Guys Dance Company AGDC***

***18 Grenache drive, Shepparton, Vic, 3630***

***Mobile: 0424279450, E mail: agdc.australia@gmail.com***

ADULT CONSENT FORM

**Please complete to the best of your knowledge. All information remains strictly confidential.**

**If you do not exercise/dance regularly, it is advised that you consult your GP before participation. Your signature at the end of this form, confirms you are aware of the risks of exercise, have given your informed consent, and are participating at your own free will.**

**Name:……………………………………………………………… DOB:……………………………………………………..**

**Address:………………………………………………………………………………………......................................................**

**Postcode:…………………………………… Contact Number: ………………………………………………………..**

**Emergency Contact:……………………………… Emergency Contact No: …………………………………………………**

**Email address:……………………………………………………………………………………………………………………………………**

**Doctors Name/Practice:…………………………………….................**

* **Do you have any medical condition we need to be aware of? YES  NO**

**(If yes please state) ………………………………………………………………………………………………………………**

* **I understand that if I have to take medication whilst at the dance sessions, instructors hold no responsibility for the administration of medication:  YES  NO**
* **Is there anything else the company should be made aware of about your wellbeing:  YES  NO**

**(If yes please state)………………………………………………………………………………………………………………**

* **I consent to any medical treatment in the event of an accident if I am unconscious or unable to respond:  YES  NO**
* **Whilst participating in the dance sessions, you will experience cardiovascular exercise, muscle tone and stretch, endurance, flexibility and physical activity such as aerobic exercise, stretching and using equipment/prop. Each exercise will be explained to you. If you have any questions lease feel free to ask. Please also notify an instructor should you feel the exercise is inappropriate to you and to find an alternative.**
* **All exercise contains certain risks such as muscle pulls, joint strain, aches and general discomfort in parts of the body that have not been used before. If you feel PAIN please stop IMMEDIATELY and inform the instructor.**

**Risks**

**I understand that during the conduct of exercise/dance sessions, the reaction of my heart, lungs, and blood vessels, etc., cannot be predicted with accuracy, thus risks may arise due to adverse changes of that may lead to associated health risks.**



**I was given information and I understand that during training, injuries may arise such as muscle, ligaments, joints and tendons; and in I have been given proper information in order to prevent or minimize these occurrences.**



**Waiver**

**I understand that I shall solely be responsible, and the AGDC dance studio shall not be held liable for any damages and injuries arising from the fitness training program.**



**I was given information and I understand that during training, injuries may arise such as muscle, ligaments, joints and tendons; and in I have been given proper information in order to prevent or minimize these occurrences**



**I hereby release and fully and forever discharge the AGDC dance studio, its assigns and agents from any and all claims, demands, and/or damages therein.**



**I hereby state that I have read and understand the implications if the sessions I attend, and have the understanding I run the risk of injury or associated health risks.**

**SIGNED:……………………………………………………………………………………… DATE: …………………………**

**PRINT NAME:…………………………………………………………………………**