

PERSONAL DETAILS

Name:				
Street:				
Suburb:				
State:		Postcode:		
Contact #'s				(hm)
				(wk)
				(mob)
Email				
Gender (circle)		M / F		Date of Birth: ___ / ___ / ___

Emergency Contact Person: _____ Relationship to you: _____
 Daytime contact no: _____ Mobile phone no: _____

SERVICE DETAILS

Service to be provided:	
Term:	
Rate:	
Venue (if applicable):	

***PT Clients only: please initial each of the points below:**

___ I understand that the rate specified above will apply for the term agreed upon. I will be given a minimum of 30 days notice before any rate increase can be applied. (PT only)

___ I must provide 8 hours notice if I intend to cancel my appointment or booking. In the case this notice is not provided, I may be charged for the session as specified. This will be at the discretion of Succeed Personal Development. (PT only)

All Clients:

___ I understand that Succeed does not refund any monies paid for programs that are not completed, for any reason other than severe medical conditions that would prevent my attendance. This is at the discretion of Succeed Personal Development.

Succeed Personal Development strongly recommends that you consult your doctor and obtain his or her medical approval before participating in any activity or program including any training or exercise program organized or designed for you.

Please read the statement below and sign at the bottom of the page:

I, _____, hereby:

- acknowledge that I have been advised to seek medical approval before participating in the training or exercise program designed for me.
- also acknowledge that I have voluntarily chosen to participate in the training or exercise programs
- agree that any information, instruction or advice obtained from Succeed Personal Development, it's staff, agents, independent contractors or voluntary workers will be used at my own risk.
- also agree to release and discharge, to the maximum extent permitted by law, Succeed Personal Development, it's staff, agents, independent contractors or voluntary workers from any and all responsibilities or liabilities for injury, death or damage to me or my property arising from my participation in any training or exercise program designed by Succeed Personal Development, it's staff, agents, independent contractors or voluntary workers for me or for my use and from all responsibilities or liabilities for injury, death or damage to me or my property arising from my use of any of the facilities or equipment used in the participation of the training or exercise program whether or not such injury, death or damage is caused by the negligence of Succeed Personal Development, it's staff, agents, independent contractors, voluntary workers or the negligence of other users of the facilities or other participants in the programs in which I would be involved.
- also agree to accept all risks and responsibility for all losses, damages, costs and other consequences (arising directly or indirectly) suffered or incurred by me in participating in any training and exercise program organized by or in using facilities or equipment provided by Succeed Personal Development, it's staff, agents, independent contractors and voluntary workers.

I have read and understand the contents of this form and agree to be bound to all terms and conditions.

Print name: _____

Signed: _____ Date: ___ / ___ / ___

Succeed Staff name: _____ Signed: _____ Database updated: Y / N