

I do hereby declare myself to be physically sound and suffering from no condition, impairment, disease or infirmity or other illness. I acknowledged that i have either had a physical examination and have been given my doctors permission to participate, or that i have decided to participate without the approval of my doctor and do hereby assume all responsibility for my participation and activities. I also state that i wish to participate in activities, which may include aerobic exercise, resistance exercise and stretching. I realize that my participation in these activities involves the risk of injury and even the possibility of death.

By ticking this e-form i declare i am a) medically fit and have the consent of my doctor (or if underage, my parents) to be a part of this exercise program. b) i consent to have any or all training videoed/ photoed and placed on social media at any time and give my full knowledge and consent. c) i consent to receiving emails/calls/WhatsApp from Strongfit Bencercise and its representatives. d) i understand (if selected) remuneration for any referrals or training fee will be made once a month to the above account under the terms and conditions set by Strongfit Bencercise and for any referrals i make of guests to the program. e) the firm will not be liable for any accident/ event/ occurrence taking place in the course of its activities. I understand and agree that Strongfit Bencercise reserves the right to terminate or cancel this program or change its venue with prior notice.

Consent / Agreed (Please Tick All Buttons on the e-Form)