



**INDEMNITY FORM**

The undersigned hereby represents to MovementX as follows:

1. I declare that I am of good health and in good physical condition to participate in the classes offered at MovementX;
2. I recognise and acknowledge the risks of physical injury and I agree to assume all risks of any physical and medical injuries, death, damage or loss which I may sustain as a result of my participation in any and all activities and classes arising out of, connected with or in any way associated with my use of MovementX's equipment and facilities;
3. I agree to indemnify and hold harmless MovementX and its employees from any and all claims resulting from injuries or illness, including death, damage or loss, including, but not limited to, legal fees arising out of, in connection with or in any way associated with the use of MovementX's equipment, facilities and participation in all and any activities and classes;
4. Please note that classes booked and not cancelled 6 (six) hours before the session, will be charged for in full. Unlimited members will be subject to a R180 fee per class missed or not cancelled timeously, which will be included in the following debit order. All other class packages will forfeit a full credit.
5. Sessions purchased at MovementX Bedfordview are only valid for use at this studio and may not be transferred to any other MovementX Studio.
6. I am aware that I may be photographed during classes and consent to the utilisation of such photographs on the MovementX website, any MovementX social media platforms and/or other publications by/or featuring MovementX.
7. I further acknowledge that I shall have no claim for compensation from MovementX in respect of the use and exposure of such photographs.
8. **(PROVISIONS FOR MINOR CHILDREN:)** I am the legal parent or guardian of \_\_\_\_\_ a minor child ("the Minor"). I agree that the aforementioned provisions shall apply jointly and severally, to the extent permitted by law, to both the legal parent or guardian and the Minor.
9. I certify that I am 18 years or older and that I have read this document and fully understand the content thereof.

Name and Surname: \_\_\_\_\_

Tel (H): \_\_\_\_\_ Tel (W): \_\_\_\_\_

Cell: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Instagram handle: \_\_\_\_\_

Emergency contact name and number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_