

The OT Wellness Clinic (OTWC) Risk Assessment Statement, Pre-Workshop Disclaimer and Indemnity Form

Programs and Workshops offered by OTWC have components of HIGH INTENSITY ACTIVITY. It is your responsibility to inform OTWC staff of any medical condition that may put your health or wellbeing at risk before beginning any OTWC program.

It is important that you are well hydrated and medically fit before participating in any training session or program. Failure to do so can put your health at serious risk.

Activity: Yoga for Teens. This style of yoga is an integration of Eastern Yoga poses and Western health science as such as exercises such as plank, push-ups and elements of dynamic stretching will be present. While students are encouraged to participate they are never pushed beyond their physical skill level. We encourage parents to make known any pre-existing medical conditions such as scoliosis or current injuries so that we may provide modifications to enable participation where possible.

All OTWC trainers are experienced professionals and take all foreseeable precautions to prevent and minimize risk of injuries. The highest risk is of physical exhaustion, dependent on the participant's fitness. OTWC trainers will not push participants past their comfortable limits but as with all sports, some risk is present dependent on each participant's individual idiosyncrasies. A more remote risk is that a participant might disobey their supervising teacher or the OTWC trainer. Classes are kept at reasonable numbers and both teachers and trainers are skilled at preventing and diffusing such situations to remedy this risk.

Instructions:

Fill out the form below as honestly as possible and to the best of your knowledge in the spaces provided			
Name:			
Age:			
P/Code:			
Sex: (Circle)	M/F		
DOB:			
Emergency Contact			
& Mobile:			
Email:			
Have you ever suffered from any of the following medical conditions?			
(Circle the applicable condition/s) Diabetes		Stress or Low or High Blood Pressure	
Asthma or Respiratory illness		Heart or Chest Pains	
Epilepsy, Fainting or Dizziness		Arthritis	Neck or Back Pain

Any other Muscle or Joint issues? (Circle) Y/N				
Other Specify:				
Do you have any allergies? (Circle) Y/N				
If YES, please give details:				
Are you aware of any injury or sickness, past or present, which may be aggravated by any form of exercise? (Circle) Y/N If YES, please explain:				
DISCLAIMER				
The OT Wellness Clinic (OTWC) and its organisers, are referred to as, 'OTWC' for the purposes of this document. The activities that OTWC provides in this instance are of a recreational nature.				
I understand that my participation in the activities, programs or services offered by OTWC and the use of any exercise equipment are potentially hazardous activities and may involve a risk of injury, and I hereby agree to assume all the risks associated with my participation, including any risks arising from any medical or physical condition/s I may have or develop.				
OTWC and its directors, officers, employees, agents, volunteers and independent contractors in having exercised reasonable care and skill in their duties, will not be held liable in respect to any event that may arise from any cause whatsoever which results in any damage, loss or theft to property, or any accident, injury, loss suffered by or occasioned to me or any persons or property in my care and control.				
I hereby set aside my rights and fully discharge OTWC, its owners, employees and agents from any and all claims or actions in damages including all causes to them, present or future, whether known or unknown, anticipated or unanticipated, resulting from or arising out of my class participation and use of the facilities occupied by OTWC or the equipment thereof, including but not limited to any claims of personal injuries resulting from or arising out of the negligence any other persons genuinely on the premises.				
I HAVE READ AND UNDERSTOOD THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS FORM I AM AWARE OF THE RISKS AND AM WAIVING CERTAIN LEGAL RIGHTS (INCLUDING THE RIGHT TO DAMAGES) WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTOR, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST ESI AND ITS DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, VOLUNTEERS AND INDEPENDENT CONTRACTORS. ANY QUESTIONS I HAD WERE ANSWERED TO MY FULL SATISFACTION.				
If the participant is under the age of 18 a parent or guardian must also print and sign.				
Signature of Participant Date				
Signature of Parent or Guardian Date				