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Indemnity Form

PERSONAL DETAILS

Name: _____ Surname: _____

Identity number: _____ Referred by: _____

Address: _____

Contact number: _____

Email address _____

Date of birth: _____ Occupation: _____

Next of kin:

Name: _____ Surname: _____

Contact number: _____ Relationship: _____

INDEMNITY

I, _____, acknowledge that I have agreed to undergo the assessment of my health and fitness, and to accept the exercises prescribed for me by NOVA Pilates at my own risk. I hereby indemnify the studio's owner and the independent contractors in respect of any liability arising from my participation in assessment tests and exercises, whether as a result of injury, illness or otherwise, and in particular any claims or damages from any person whatsoever. I also indemnify them from any loss or damage on property inside the studio and in the business park.

SIGNED AT _____ ON THE _____ DAY OF _____ 20__

Signature