Bounce Back with Cass

CLIENT AGREEMENT & WAIVER OF LIABILITY

Name and Surname: _____

By signing this form, you (the "Client") agree to the following terms and conditions related to your participation in programs offered by Bounce Back with Cass (the "Business"), including but not limited to rebounding (trampoline exercise) sessions, injury rehabilitation, pain management, and all related activities.

1. Assumption of Risk
I understand that participation in physical exercise, including trampoline (rebounding) activities, involves certain inherent risks, such as the risk of injury, physical discomfort, or other adverse effects. I voluntarily assume all risks associated with my participation in these activities.

2. Release of Liability
I hereby release and hold harmless Bounce Back with Cass, its owners, employees, trainers, and agents from any and all claims, demands, or causes of action that may arise out of or in connection with my participation in any exercise or activity at Bounce Back with Cass, including claims for personal injury, emotional distress, or property damage. I understand that this release applies to any injury or harm that may occur, whether caused by my own actions, negligence of others, or any other cause.

3. Medical History and Health Declaration
I confirm that I have disclosed all relevant medical information to Bounce Back with Cass, including any pre-existing health conditions, injuries, or surgeries that could affect my ability to safely participate in the programs offered. I understand that it is my responsibility to notify the staff at Bounce Back with Cass of any changes to my health status. I acknowledge that it is recommended to consult a physician before engaging in any physical activity if I have any concerns about my health or ability to participate.

4. Athlete-Specific Programs and Injury Rehabilitation
If participating in athlete-specific rebounding programs or injury rehabilitation, I understand that while Bounce Back with Cass aims to help improve my physical performance, rehabilitate injuries, and manage pain, the services provided do not constitute medical treatment. I acknowledge that Bounce Back with Cass is not providing medical advice or services, and I should seek professional medical care as needed.

Initial: _____

5. Pain Management for Retired Athletes
If I am a retired athlete, I understand that Bounce Back with Cass will assist me with pain management and provide a safe, low-impact form of exercise. I acknowledge that while these programs aim to reduce discomfort, they are not a substitute for formal medical treatment or advice.

6. Consent to Use of Image and Media
I grant permission to Bounce Back with Cass to take photographs and/or videos of me during sessions for promotional, educational, or social media purposes. I understand that these images or videos may be used in online and offline promotional materials and social media platforms. If I do not wish for my image to be used, I will notify Bounce Back with Cass in writing.

7. Emergency Contact and First Aid
In the event of an emergency, I authorize Bounce Back with Cass to administer or seek emergency medical care on my behalf, including contacting emergency services or my designated emergency contact. Below, I provide emergency contact details:

Emergency Contact Name: _____

Relationship: _____

Emergency Contact Phone Number: _____

8. Client Behaviour and Code of Conduct
I agree to follow all instructions provided by Bounce Back with Cass staff during sessions and to respect the equipment, facility, and other participants. I will behave in a manner that is respectful and supportive to others and will refrain from any disruptive or unsafe conduct.

I further understand and accept that I am restricted from photographing or recording any graphic images within the studio and upon the premises of Bounce Back with Cass and publishing the same without the consent of a duly authorised staff member or representative of Bounce Back with Cass.

9. Terms of Service and Payment
I understand and agree to the following terms regarding payments and scheduling:
- Payment: I will pay for my sessions according to the pricing structure established by Bounce Back with Cass. I understand that no sessions will be held without payment.
- Cancellation: I agree to provide at least 24 hours' notice for cancellations or rescheduling of a session. Failure to do so may result in forfeiture of the session.

10. Acknowledgment and Agreement
By signing below, I acknowledge that I have read, understood, and agree to the terms and conditions of this agreement. I understand the risks involved in participating in exercise programs, including rebounding activities, and accept full responsibility for my participation. I consent to the use of my image for promotional purposes as outlined above and agree to the terms of service and payment as detailed.

Client's Name (Printed): _____

Client's Signature: _____

Date: _____

11. Parent/Guardian Consent (if under 18)
If the client is under the age of 18, a parent or legal guardian must sign below:

Parent/Guardian's Name (Printed): _____

Parent/Guardian's Signature: _____

Date: _____