

## **Gravity Worx Waiver, Release and Indemnity Form**

Participants name: James Best

Address: 45 Market Street, Essendon VIC, Australia Essendon VIC, Australia 3040

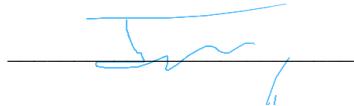
Phone: +61400272142

Email: jamesabest@hotmail.com

Date of birth: 3/11/1976

9. I understand it is my responsibility to review and comply with all rules and regulations promulgated by Gravity Worx. If I have any questions, or observe any unusual or unnecessary hazard during my participation, I will immediately bring such to the attention of the nearest Gravity Worx employee. I also understand that it is my responsibility to keep myself informed of any and all changes to the rules or changes to this waiver or gym.
10. I agree not to participate under the influence of drugs or alcohol.
11. I release Gravity Worx from any claim whatsoever on account of first aid, treatment or service rendered me during my participation in the use of the climbing wall, equipment and related facilities.
12. I grant Gravity Worx permission to use my photographs, video images and/or quotes in any Gravity Worx publicity pieces. Publicity pieces include (but are not limited to) news releases, videos, publications, displays, newsletters, brochures and web use. All proprietary rights to the aforementioned media belong exclusively to Gravity Worx.
13. This document may be relied upon in any proceedings, shall be binding on my heirs, next of kin, executors and administrators, and shall be governed in all respects by the law of Victoria
14. I indemnify, release and absolve from any liability whatsoever Gravity Worx Pty Ltd and its directors, staff, employees, servants, agents, contractors, administrators or assigns from all liability, present and future, that may be incurred, including legal costs, arising from any demand, action or claim caused by any reason whatsoever, including without limitation negligence at common law, or failure to comply with instructions.
15. I am not relying on any oral, written or visual representations, statements, inducements, assurances or guarantees by Gravity Worx Pty Ltd or its directors, staff, employees, servants contractors or agents, and sign this form voluntarily and of my own free will with full knowledge of my rights being waived
16. I have read and understood this document and the terms contained with it, and have been provided with an opportunity to receive clarification on any queries or concerns regarding its contents, my participation in activities and events at Gravity Worx or any other related matter

Signature



Print Name

James Best

As Parent/ Legal Guardian of :

Oliver

Noah Best