



**Crossfit Polokwane / 131 Dorp street / Hospital Park / Polokwane / 0699
083 235 4698 / 082 825 2916 / info@crossfitpolokwane.com**

RELEASE

Please read and indicate your acceptance of participation by checking the following.

This release is entered into between the above mentioned individual and Crossfit Polokwane.

The purpose of Crossfit Polokwane is to provide fitness instruction and coaching to various levels of individuals.

I am the individual registering for this program and hereby agree to the following:

1. I hereby affirm that I am in good health and capable of participating in the fitness activities provided by Crossfit Polokwane.
2. I acknowledge that trainers of Crossfit Polokwane are not physicians and are not trained in any way to provide medical diagnosis, medical treatment, or any other type of medical advice.
3. I acknowledge that the purpose of this program, is to elevate my physical state and fitness but that Crossfit Polokwane does not guarantee good or bad results will occur nor guarantees the training advice given by Crossfit Polokwane will produce good or bad results.
4. I acknowledge that I am aware that if I feel tired, pain or out of the ordinary in any way, either related to my training or otherwise, that I will consult a physician at once.
5. I acknowledge that photography and videos may be taken from time to time and that participants will be told in advance whenever possible on the day when this will happen. I hereby authorize Crossfit Polokwane to make use of any image(s) for marketing, publishing or any lawful purpose.
6. I am aware of all inherent dangers in exercise participation. I acknowledge and understand I will be engaging in activities that involve risk of serious injury, including permanent disability or death, and sever social and economic losses which might result not only from my own actions, inactions or negligence, but action, inaction or negligence of others, or the condition of the premises on or off site or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time. I assume all these risks and expressly waive, release, discharge and agree not to sue Crossfit Polokwane or any of Crossfit Polokwane instructors for any loss, damage, death, disability, injury or action of any kind for participating in this program or any other activities organized by Crossfit Polokwane.
7. I acknowledge that my membership with Crossfit Polokwane is not transferable to another person and that refunds or prorates are not granted except only in the case of a personal medical situation and with a doctor letter, in which case, the unused part of my membership may be moved forward for when I am allowed to resume exercise by my doctor.
8. I agree that this is the full agreement between the parties. I acknowledge that neither Crossfit Polokwane nor anyone else has verbally contradicted any of the terms of this release and that I enter into this agreement out of my free will.

I HAVE READ AND UNDERSTOOD ALL OF THE ABOVE AND BY STATING MY ANSWER, I AM AGREEING TO ALL ITS CONTENTS.

YES

NO

Name: _____

ID Number _____

Signature: _____

Date: _____



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BANK DEBIT ORDER INSTRUCTION / CREDIT CARD AUTHORITY

Name : _____ Date : _____
Address : _____ Contract No. : _____
_____ Debit Amount : _____
_____ Commencement
Date : _____
Contact No : _____ Abbreviated name
as registered with **CFIT PKW**
the bank :

Dear Sirs/Madams

The details of my/our account are as follows:

BANK : _____
BRANCH
TOWN : _____
BRANCH
NO. : _____
ACCOUNT
NAME. : _____
ACCOUNT
NO. : _____

(savings,current, transmission)

This signed Authority and Mandate refers to our contract as dated as on signature hereof ("the Agreement"). I / We hereby authorise you to issue and deliver payment instructions to the bank for collection against my / our abovementioned account at my / our above mentioned bank (or any other bank or branch to which I / We may transfer my / our account) on condition that the sum of such payment instructions will never exceed my / our obligations as agreed to in the Agreement, and commencing on the commencement date and continuing until this Authority and Mandate is terminated by me / us by giving you notice in writing of no less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address indicated above.

The individual payment instructions so authorised to be issued must be issued and delivered as follows

i. On the _____ day ("payment day") of each and every month commencing on _____. In the event that the payment day falls on a Saturday, Sunday or recognized South African public holiday, the payment day will automatically be the very next ordinary business day. Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account;

[DELETE THAT WHICH IS NOT APPLICABLE]:

ii. Monthly; on or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less that the obligation due;

iii. Bi-monthly; on or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less that the obligation due;



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- iv. Three-monthly; on or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less than the obligation due;
- v. Six-monthly; on or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less than the obligation due;
- vi. Annually; on or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less than the obligation due;
- vii. Weekly; on or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less than the obligation due;
- viii. Bi-weekly; on or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less than the obligation due.

I / We understand that the withdrawals hereby authorised will be processed through a computerized system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement. Each transaction will contain a number, which must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. A payment reference is added to this form before the issuing of any payment instruction. I / We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

MANDATE

I / We acknowledge that all payment instructions issued by you shall be treated by my/our above mentioned bank as if the instructions had been issued by me/us personally.

CANCELLATION

I / We agree that although this Authority and Mandate may be cancelled by me / us, such cancellation will not cancel the Agreement. I / We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

ASSIGNMENT

I / We acknowledge that this Authority may be ceded to or assigned to a third party if the agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

Signed at _____ on this _____ day of _____ 20__

SIGNATURE AS USED FOR SIGNING CHEQUES OR CREDIT CARD VOUCHERS

Assisted by:

FOR OFFICE USE

AGREEMENT REFERENCE NUMBER

This Agreement reference number is:
