



ACT branch: Ira May Aquanatal Canberra Registration Form

Please ensure you have made a booking for your Aquanatal® class by phone or email.
Please hand the completed and signed registration form to your instructor before your first class.

Participant Information

Name: _____
Address: _____
Postcode: _____
Home phone: _____
Work phone: _____
Mobile: _____
Email: _____
Your birthdate: _____

Emergency Contact Details

Emergency Contact: _____
Relationship to you: _____
Phone number(s): _____
Which hospital are you booked into? _____
Who is your midwife? _____
Who is your regular doctor? _____
Who is your obstetrician? _____

How did you hear about Ira May Aquanatal Canberra: _____

Pregnancy & Birth History

Baby's due date: _____ or Baby's birth date (if post-natal): _____ Twins? ☐ No ☐ Yes
First baby? ☐ No ☐ Yes If not your first, the number of your previous pregnancies: _____
Did you experience any pregnancy or birth complications **in earlier pregnancies**? ☐ No ☐ Yes ⇒ _____
Are you experiencing any pregnancy-related problems **now** (e.g. marked fatigue, spotting, abdominal or groin pain, sudden swelling in ankles/hands, headaches, back pain, pain when walking, ligament pain, varicose veins, etc.)? ☐ No ☐ Yes ⇒ _____
Is there anything else you feel your instructor should know? ☐ No ☐ Yes ⇒ _____

General Health and Fitness

Do you have any **current** general medical problems (e.g. asthma, diabetes, heart trouble, arthritis, high blood pressure, etc.) ? ☐ No ☐ Yes ⇒ _____
Do you have relevant **past** medical problems? ☐ No ☐ Yes ⇒ _____
Were you exercising regularly **prior to** this pregnancy? ☐ No ☐ Yes ⇒ what were you doing? _____
About how many sessions per week? _____
Are you exercising regularly **during** this pregnancy? ☐ No ☐ Yes ⇒ what are you doing? _____
About how many sessions per week? _____
What is your regular occupation? _____ Does your occupation involve: (tick all that apply)
☐ Mainly sitting ☐ Prolonged standing ☐ Occasional walking (>once/hr) ☐ Frequent walking/stair climbing ☐ Heavy Lifting
Can you comfortably swim 25 metres? ☐ No ☐ Yes
We are committed to your and your baby's wellbeing. Please remember, **you also need medical clearance from your doctor, midwife or obstetrician** before you can participate. Please contact us by phone (0438 235 333) or by email at iramayaquanatal@gmail.com

Thank you for providing us with this information. We use it to ensure that we can give you the optimum level of guidance during your ante- and post-natal exercise sessions. Please remember that **you MUST tell your instructor about any change in your pregnancy or general health** before each session. We are committed to providing a high level of privacy for all the personal information you entrust to us. Please see our privacy policy at <http://sydney.aquanatal.com.au>.

Participation Agreement

All participants must confirm their agreement to the following statements by initialing each one and then signing and dating this document.

- _____ I warrant that I have completed the registration forms accurately, completely and to the best of my knowledge. I understand that Ira May Aquanatal Canberra will rely entirely on the accuracy and completeness of the information provided by me to guide their provision of services to me.
- _____ I understand and acknowledge that Ira May Aquanatal Canberra instructors do not have access to my medical details and are not able to, nor will they, provide me with medical advice or counseling in regard to my pregnancy or any other medical condition.
- _____ I represent and warrant that I am physically fit and able to engage in exercise and that I have obtained medical clearance to exercise from my obstetrician, doctor or midwife.
- _____ I agree that I will immediately inform Ira May Aquanatal Canberra staff if I am advised by any healthcare professional to cease exercising or if there is a change in my circumstances or any condition that may prevent me from participating safely.
- _____ I agree that I will not attend an Aquanatal class and that I will immediately inform Ira May Aquanatal Canberra staff if I suspect I have any infectious / contagious condition (e.g. flu, rubella or chicken pox) or whilst suffering from any physical ailment such as open cuts, sores or minor infections.
- _____ I have read, understood, and I agree to the Standard Terms and Conditions below without alteration. In particular, I acknowledge that the nature of Aquanatal exercise classes has been explained to me and that I participate and use the Venues entirely at my own risk and that will release and hold harmless Ira May Aquanatal Canberra and the Venues from any claim as a result of my participation in a program or activity, as set out in the Standard Terms and Conditions.

Signed: _____ Date: _____

Instructor Signature: _____ Date: _____

Standard Terms and Conditions

This document affects Your obligations and legal rights. Read it carefully and do not sign it unless You are satisfied that You understand it and agree.

DEFINITIONS

- 'You' means the person whose personal details appear on the front of this form and who has signed the Participation Agreement above.
- 'IraMayAqua' means Ira May Aquanatal Canberra ABN 67 989 437 515.
- 'Venue' means the venue or venues where IraMayAqua conducts Programs, including the directors, officers, employees, agents and contractors of a Venue.
- 'Program' means aquanatal exercise classes and other activities conducted by IraMayAqua.
- 'Participants' means a participant or participants in a Program.
- 'Agreement' means the Participation Agreement and any IraMayAqua terms and conditions and policies, as varied from time to time and as posted on the website (aquanatal.com.au) or otherwise made available to Participants.

WHO CAN PARTICIPATE - You must be more than 14 weeks' pregnant and have obtained medical clearance from your doctor, midwife or obstetrician before attending.

If you've already had your baby, You must have had your 6 week post-natal check and have obtained medical clearance before attending a post-natal exercise Program.

IraMayAqua reserves the right to modify the Program, to limit Your participation in a Program, to refuse admission or to ask You to leave a Venue if IraMayAqua are of the opinion that your participation would be unsafe for You or others.

REGISTRATION - Before You can attend Your first Program, You need to receive clearance to exercise from a health professional, complete the registration form and sign the Participation Agreement.

BOOKINGS - Bookings for Programs must be made in advance as Participant numbers on each Program are strictly limited.

FEES - Fees are payable according to the then current Fee Schedule available on FB page @iramayaquanatalcanberra and website www.nourishingtouch.com.au. Payment for each Program must be made before or at the time of booking.

CANCELLATION - If You cancel a booking, you may forfeit your Program fee. Detailed cancellation terms are available on www.aquanatal.com.au. We do not offer refunds for pre-paid classes for any reason.

YOUR DECLARATION OF FITNESS - You represent and warrant to IraMayAqua, and repeat such warranty and representation each time you attend a Program,

that You are physically fit and medically able to engage in physical exercise and that You are not aware of having any physical, medical, mental or health condition or disease that might be aggravated or worsened by physical exercise or which might or could result in deterioration of health if physical exercise is undertaken.

YOUR MEDICAL CLEARANCE - You represent and warrant that You have obtained medical clearance from Your obstetrician, midwife or doctor to exercise and to participate in a Program.

YOU MUST TELL US IMMEDIATELY:

- if You are advised by any healthcare professional to cease exercising or if there is any change in Your circumstances or any condition that may prevent You from participating safely.
- if you are suffering, or suspect You may have contracted, any infectious or contagious disease (e.g. rubella or chicken pox, etc.) or whilst suffering from any physical ailment such as open cuts or sores or minor infections where there is a risk, however small, to other Participants please contact IraMayAqua by phone or email. You MUST NOT attend a Venue where other Participants are present.

POOL SAFETY - You agree to comply with all posted rules and regulations at Venues and with any instructions by IraMayAqua staff.

You will conduct yourself with all care and attention for Your own and other persons' safety and well-being and You may not bring or be under the influence of tobacco, alcohol or any non-therapeutic drugs at any Venue.

FOOTWEAR - Only suitable non-slip footwear must be worn in all pool areas.

FOOD & DRINK - Please bring a plastic bottle of water to drink. You may bring a light snack. Glass bottles of any type may not be brought into pool areas.

RESPONSIBILITY FOR DAMAGE - You are responsible for any damage which You may cause to IraMayAqua or Venues' facilities or equipment.

YOUR ASSUMPTION OF RISK - You acknowledge and understand that whilst attending a Program at a Venue, You may suffer loss or damage of Your property (e.g. through theft or vandalism) and that You and/or Your baby may suffer physical injury. These injuries may occur as a result of, for example: slipping on wet flooring, Your own actions, the actions of others or an unexpected change in Your, or Your baby's, or the Venue's condition. Some loss, damage or injury may arise as a result of the negligence or breach of contract of IraMayAqua or the Venues.

YOUR RELEASE AND INDEMNITY - In return for the acceptance of Your payment for participating in the Program, You agree the following:

- That You participate in the activity at Your sole risk and that you take full responsibility for any injury, death or property damage resulting from Your participation; and
- That IraMayAqua and the Venue do not look after Your

property and shall not be liable for any loss, theft or damage to any property belonging to You, or brought to a Venue by You, for any cause including the negligence of IraMayAqua or the Venue. This includes vehicles and their contents, parked in any Venue car park or elsewhere; and

- That, in the event that You and/or Your baby are injured or Your property is damaged, You will bring no claim, legal or otherwise, against IraMayAqua or the Venue in respect of that injury or damage; and
- That You to release, indemnify and hold harmless IraMayAqua and the Venue, their servants, directors, officers, employees, agents and contractors, from and against all and any actions or claims which may be made by You, or on Your behalf, or by other parties, or in respect of or arising out of any injury, loss, damage or death caused to You or Your baby or Your property whether by negligence, breach of contract or in any way whatsoever.

LIABILITY & WARRANTY EXCLUSIONS - You acknowledge that IraMayAqua offers no guarantees or warranty whatsoever that the Program will have a beneficial effect or is explicitly approved by any medical or other authority.

IraMayAqua's liability for any breach of this Agreement shall be limited, to the extent possible in law, to the supply of the services again, or to payment of the costs of having the services supplied again; at the discretion of IraMayAqua.

All implied warranties, terms and conditions shall, except where otherwise mandated by statute, be excluded from this Agreement.

PRIVACY - You acknowledge and agree that any personal information we collect from You will be collected, stored, protected, used and disclosed only in strict accordance with our Privacy Policy. A copy of our Privacy Policy is available at aquanatal.com.au or will be emailed to you on request.

PROGRAM CHANGES - IraMayAqua reserves the right to change the Program dates, Program times and Venues at any time and will give Participants reasonable notice of any changes, save in cases of emergency or force majeure, where this may not always be possible.

TERM - The terms of this Agreement relating to 'Assumption of Risk' and 'Release and Indemnity' are agreed survive the termination of this Agreement indefinitely.