# BEAST MO TRAINING

## MEDICAL CLEARANCE & DECLINATION FORM

*Striking & Kickboxing · Functional Fitness · Longevity Training · Self-Defence*

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Complete this form if you are aged 65 or over, or if Mo has advised you to obtain medical clearance before training. Fill in Section A if you have clearance, or Section B if you are choosing not to obtain it.

### 1. Participant details

| | |
|---|---|
| **Participant full name** | |

| | | | |
|---|---|---|---|
| **Date of birth** | | **Phone** | |

### Section A — Medical clearance obtained

☐ My GP has provided written clearance for me to take part in striking and fitness training. A copy is attached or has been provided to Beast Mo Training.

| | | | |
|---|---|---|---|
| **GP name** | | **GP practice** | |

| | |
|---|---|
| **Date of clearance** | |

Any restrictions or conditions Mo should work within:

### Section B — Declination (choosing not to obtain clearance)

By signing under this section, I confirm that:

1. Beast Mo Training has recommended I obtain written medical clearance from my GP before participating.
2. I have chosen not to obtain that clearance at this time.
3. I understand that training without clearance may carry additional health risks, including risks connected to conditions I may not be aware of, and that this is my decision.
4. I am not currently aware of any medical condition that would make my participation unsafe, and I have completed the Health Screening Form honestly.
5. I voluntarily accept these risks and, to the maximum extent permitted by law, I release Beast Mo Training and Mehrdad Osanlouy from liability arising specifically from my decision not to obtain medical clearance. Nothing in this form excludes, restricts or modifies any consumer guarantee, right or remedy you have under the Australian Consumer Law that cannot lawfully be excluded. This release does not apply where harm results from our reckless conduct, gross negligence or wilful misconduct.

### Signature

I confirm the section I have completed above is true and correct.

| Participant (or parent / legal guardian if under 18) signature | |
|---|---|

| Full name (printed) | Date (DD / MM / YYYY) |
|---|---|

If signing for a minor: I, _____, confirm I am the parent or legal guardian of the above-named participant and sign on their behalf. Relationship: _____