



WAIVER OF LIABILITY

You and/or your child have agreed to participate in a fitness regime and are being instructed by a certified trainer with CPR certification. Each aspect of the training program is monitored for correct execution as well as age and fitness appropriate intensity.

You as the undersigned on behalf of yourself or as a parent/guardian are authorizing you or your child's participation in a fitness regime.

You as the undersigned understand that participation in any physical activity has inherent risks of personal injury and that undiagnosed health issues may unexpectedly be exhibited during physical activity that may prohibit further activity or may result in personal injury.

You understand that a completed and signed PAR-Q must be supplied prior to participation and any health or physical issues that might impact on you or your child/children's participation prior to participation be made apparent to the trainer. You also understand that an authorization might be required from a medical professional prior to embarking on this fitness regime.

NAME (please print)

SIGNATURE

CONTACT #

EMAIL ADDRESS

By signing this document, I agree that I have read this waiver and hereby understand the risks of participation and agree not to hold the trainer or company he/she represents liable for injury resulting from participation in the training regime that this waiver applies to.