

Witness Signature

Fitness Waiver Form



Name of participant		Date	
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Phone nun	nber	Alt. Phone (Opt)	
I, the under	rsigned, do hereby acknowled	lge:	
exe my my assu my othe my othe my abo sess my focu exp inst my part non that Eve fror I he con (inco dan	rcises, and/or flexibility trainic consent to answer questions of understanding that there are pame those risks; obligation to immediately infer symptoms that I may suffer understanding that I may story terminate activity upon observance; understanding that I may ask ut the activities or procedures sion; understanding that my instructure as my concentration on a part erience any type of discomformation. I understand that a perferning that payment for the procedure of the proced	cular conditioning, and/or muscle strength & endurance ing offered by Lac La Biche County; concerning my physical activity participation and lifestyle; concerning my physical activity participation and that I willfull; form the instructor of any pain, discomfort, fatigue, or any rebefore, during and after a fitness session; por delay physical activity if I so desire and that the instructor ervation of any symptoms of undue distress or abnormal any questions or request further explanation or information at any time before, during or after completing a fitness could retrive the program and that the instructor ervation of any symptoms of undue distress or abnormal any questions or request further explanation or information at any time before, during or after completing a fitness country in the program and training, I will immediately request that my distection in the country programs occurs prior to program all fitness classes and training sessions are non-transferable and completed the Physical Activity Readiness Questionnaire for ed NO to all the questions or received clearance to participate these Lac La Biche Country and its agents, employees, ters from and against all claims, actions, costs, expenses in), damages, demands, or proceedings in respect of any loss or ng out of or in connection with the program and my	
Par	ticipant Signature	Date	
Pare	ent/Guardian Signature		

Date