



Fitness Waiver Form



Name of participant _____ Date _____

Address _____

Phone number _____ Alt. Phone (Opt) _____

I, the undersigned, do hereby acknowledge:

- my consent to perform cardiovascular conditioning, and/or muscle strength & endurance exercises, and/or flexibility training offered by **Lac La Biche County**;
- my consent to answer questions concerning my physical activity participation and lifestyle;
- my understanding that there are potential risks to participate in this program, and that I willfully assume those risks;
- my obligation to immediately inform the instructor of any pain, discomfort, fatigue, or any other symptoms that I may suffer before, during and after a fitness session;
- my understanding that I may stop or delay physical activity if I so desire and that the instructor may terminate activity upon observation of any symptoms of undue distress or abnormal response;
- my understanding that I may ask any questions or request further explanation or information about the activities or procedures at any time before, during or after completing a fitness session;
- my understanding that my instructor(s) may use Touch Training to correct alignment and/or to focus my concentration on a particular muscle area to be targeted. If I feel uncomfortable or experience any type of discomfort with Touch Training, I will immediately request that my instructor(s) discontinue using this technique.
- my understanding that payment for **Lac La Biche County** programs occurs prior to program participation. I understand that all fitness classes and training sessions are non-transferable and non-refundable.
- that I have read, understood, and completed the Physical Activity Readiness Questionnaire for Everyone (PAR-Q+) and answered NO to all the questions or received clearance to participate from my physician;
- **I hereby release and hold harmless Lac La Biche County** and its agents, employees, contractors, officers, and volunteers from and against all claims, actions, costs, expenses (including financial compensation), damages, demands, or proceedings in respect of any loss or damage, howsoever caused, arising out of or in connection with the program and my participation in the program.

Participant Signature

Date

Parent/Guardian Signature

Witness Signature

Date