

OUT FIT

Waiver and Release/Informed Consent Form

Thank you for taking the time to read and fully understand the following Waiver and Release/Informed Consent. This form will explain the risks you are assuming by beginning an exercise program with 'OUT FIT'.

"I _____ have voluntarily enrolled in a physical fitness program offered through 'OUT FIT'. I recognize the program may involve strenuous physical activity including, but not limited to, muscle strength and endurance training, cardiovascular conditioning and training, and other various fitness activities in different locations in and around Deep Cove, North Saanich, British Columbia. I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or limit my participation in this exercise program. I assume full responsibility during and after my participation in any 'OUT FIT' activity and understand that it is my own choice to use or apply, at my own risk, any portion of the information or instruction I receive. In consideration of my entry and of my own free will, I do here and forever release and discharge and hereby hold harmless 'OUT FIT' and their respective agents, heirs, assigns, contractors, and employees from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with my participation in this exercise program including any injuries resulting there from.

I _____ recognize that exercise might be difficult and strenuous and there could be dangers inherent in exercise for some individuals. I acknowledge that the possibility of certain unusual physical changes during exercise does exist, including but not limited to, abnormal blood pressure, dizziness, fainting, disorders in heartbeat, chest discomfort, leg cramps, nausea, etc. I also understand that I am free to withdraw from, reduce or modify my involvement in any of the activities and realize that I should do so on recognition of any of the above unusual physical changes.

I fully understand that I could suffer an injury or physical disorder as a result of my participation in this program and acknowledge and agree that I assume the risks associated with any and all activities and/or exercises in which I participate, including but not limited to: injuries to muscles, tendons, ligaments such as strains, sprains, pulls, tears, or soreness; broken/separated/fractured bones; shin splints; heat exhaustion; knee, back or foot injuries; eye injuries; heart attack, stroke or even death.

I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS WAIVER AND RELEASE/INFORMED CONSENT AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. BY SIGNING THIS DOCUMENT, I AM WAIVING ANY RIGHT I OR MY SUCCESSORS MIGHT HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST 'OUT FIT' FOR NEGLIGENCE OR THAT OF 'OUT FIT' EMPLOYEES, AGENTS, OR CONTRACTORS".

Participant's signature (parent/guardian if under 18)

Date

Witness

Date