



Participant Waiver Form

NAME _____

(Please print)

I, the undersigned, do hereby acknowledge:

MY consent to participate in any physical activity involved with the delivery of the canfitpro course/exam.

MY understanding that the canfitpro PRO TRAINER has the right to stop me from doing exercise which he / she feels would be harmful to me or make me stop exercising upon observation of any symptoms of distress or abnormal response.

MY understanding that there are potential risks associated with physical activity such as but not limited to: episodes of transient lightheadedness, fainting, abnormal blood pressure, musculo-skeletal injuries and I assume wilfully those risks.

MY obligation to immediately inform the canfitpro PRO TRAINER of any unusual pain, discomfort, fatigue, or any other symptoms that I may suffer during and immediately after physical activity.

THAT I have read, understood and completed the PAR Q Form

THAT I hereby release canfitpro and the PRO TRAINER from any liability with respect to damage or injury (including death) that I may suffer during participation in physical activity during the canfitpro course except where the damage or injury is caused by the gross or wilful negligence of the canfitpro PRO TRAINER or canfitpro within the scope of their duties.

Participant Signature

Date

PRO TRAINER Signature

Date



Physical Activity Readiness Questionnaire

(NAME)

(AGE)

Please read carefully and check (X) the YES or NO opposite the question if it applies to you:

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Has your doctor ever said that you have a heart condition? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have chest pain brought on by physical activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you developed chest pain at rest in the past month? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you lose consciousness or lose your balance as a result of dizziness? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have a bone or joint problem that could be aggravated by the proposed physical activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is your doctor currently prescribing medication for your blood pressure or heart condition? (eg. diuretics or water pills) | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you aware, through your own experience or a doctor's advice of any other reason against your exercising without medical approval? | <input type="checkbox"/> | <input type="checkbox"/> |

NOTE:

If you answered YES to any of the above questions, you may face a higher degree of risk to your health in participating in this course. **YOU ARE STRONGLY RECOMMENDED TO CONSULT WITH YOUR DOCTOR.**

canfitpro and the PRO TRAINER reserve the right to require you to provide medical consent prior to activity.

Please read and complete both pages of this form regarding important information about your responsibilities.
