



## Exercise & Treatment Waiver Form

I, \_\_\_\_\_, hereby agree to the following:

1) That I am participating in, either a private, semi-private, group exercise class or Massage Treatment offered by Young Cannon BCTMB, CES, PES or an alternate Trainer/Therapist during which I will receive instruction or treatment.

2) I understand that it is my responsibility to consult with a physician prior to and regarding my participating in any fitness or exercise program. I represent and warrant that I am Physically able (for Exercise Purposes) and I have no medical condition that would prevent my full participation in training sessions or classes.

3) In consideration of being permitted to participate in any private, Semi-private group fitness class or Massage Treatment, I agree to assume full responsibility for any risk, injuries or damages, known or unknown, which I might incur as a result of participating in this program.

4) In consideration of being permitted to participate in any private or group fitness class or program, I knowingly, voluntarily, and expressly waive any claim I may have against Young Cannon BCTMB, CES, PES, or any alternate Trainer/Therapist, Arlen House West Condo HOA, property owners, landlords or insurers, for any injury or damages that I may sustain as a result of participating in this program.

5) I, my heirs or legal representatives forever release, waive, discharge, and covenant not to sue Young Cannon BCTMB, CES, PES, or any Alternate Trainer/Therapist, Arlen House West Condo HOA, property owners, landlords or insurers for any injury or death caused by their negligence or other acts.

I have read the above release and waiver of liability and I fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Name (Please Print): \_\_\_\_\_ Birthdate: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of Emergency, contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent's Signature if under 18 years of age)

I represent that I have legal capacity and authorize to act on behalf of the minor named herein.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_