



# Niagara College

Consent Form

Stretch & Flex

I acknowledge my consent to undergo an assessment of my physical ability for the:

- *Stretch & Flex Classes*

I understand there are inherent injury and accident risks in engaging in any form of physical activity. As such, I agree to discuss any/all injury or accident-related concerns directly and immediately with the Exercise Professional or qualified Niagara College employee so it can be monitored in an appropriate manner. I also understand it is my right to stop the session if I experience any discomfort or fatigue and should do so immediately upon experiencing any symptoms. I also understand the Exercise Professional may terminate the session if any abnormal signs or responses to exercise are observed. I also hereby absolve Niagara College, as well as all qualified instructors and involved in this program from any responsibility and liability should any form of unforeseen injury or incident occur.

As a client participating in this program, I understand that Niagara College staff may periodically take pictures during various forms of exercise sessions, and I consent to these pictures being taken. These pictures may be used solely for official marketing purposes through a variety of college-based media outlets. I understand that I am not allowed to take any photos or video recordings during the session. This form must be completed, signed by a witness, and submitted to a qualified Niagara College employee prior to any testing being completed.

I acknowledge that I have read and fully understand all the above information. I agree to comply with all the above information as a participating client in this program.

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Print Name

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Signature

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Date

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Witness Print Name

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Witness Signature

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Date