



Southpaw Strength Liability Waiver

Name: _____

Date of Birth: _____ Email: _____

Address: _____

City: _____ Province: _____ Postal code: _____

Primary Phone: _____

Name, Relationship & Phone Number of Emergency contact:

Training Facility Name: Southpaw Strength

Training facility Address: 13 Notigi bay Thompson, Manitoba

Do you have any physical limitations that could be aggravated by exercise (e.g., Back, neck, shoulder, or knee problems)?

If so, please explain: _____

It is my responsibility to inform my trainer of any Physical limitations before beginning a training program.

I represent and warrant that I am in good physical health and do not suffer from any medical condition(s) that would limit my participation in training offered at Southpaw Strength. I understand that it is **my responsibility** to consult with a physician prior to and regarding my participation in any personal training, fitness training, or group training. I understand the risks associated with the activities offered by Southpaw Strength and I agree to follow all instructions so that I may safely participate in training, workshops, or other activities.

I hereby **WAIVE AND RELEASE** Southpaw Strength, its owners, officers, employees and instructors from any claim, demand, or cause of action of any kind resulting from or related to my participation in the programs offered at the facility. In taking part in personal training, fitness training, or group training at Southpaw Strength, I **understand and acknowledge** that I am fully responsible for any and all risks, injuries or damages, known or unknown, which might occur as a result of my participation in personal training, fitness training, or group training.

I agree to allow video/images to be placed on the Southpaw Strength website/other media platforms for instructional/advertising purposes:

Print name: _____ Signature: _____

Date Signed: ____/____/____

I have read the above release waiver of liability and fully understand its content. I am legally competent to sign and voluntarily agree to the terms and conditions stated above.

Print Name: _____ Signature: _____

Date Signed: ____/____/____

If the participant is under 18: As Parent or legal guardian of _____,

I consent to the above terms and conditions.

Print name: _____ Signature _____

Date Signed: ____/____/____