

Bodyshop Youth Waiver Form

Name: _____ E-mail: _____
 Birth Date: _____ Phone: _____
 Address: _____ Mobile: _____
 Address 2: _____ Emergency Contact: _____
 City: _____ Emergency Phone: _____
 Province: _____ Postal Code: _____

Yes, I consent to receive emails from Bodyshop Fitness | Nutrition

Physical Activity Readiness Questionnaire (PAR-Q)

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? **YES / NO**
 If YES, please explain: _____

2. Do you feel pain in your chest when you do physical activity? **YES / NO**
 If YES, please explain: _____

3. In the past month, have you had chest pain when you were not doing physical activity? **YES / NO**
 If YES, please explain: _____

4. Do you lose your balance because of dizziness or do you ever lose consciousness? **YES / NO**
 If YES, please explain: _____

5. Do you have a bone or joint problem (for example, neck, shoulder, back, knee or hip) that could be made worse by a change in your physical activity? **YES / NO**
 If YES, please explain: _____

6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure, cholesterol or heart condition? **YES / NO**
 If YES, please explain: _____

7. Do you know of any other reason why you should not do physical activity? **YES / NO**
 If YES, please explain: _____

Informed Consent / Assumption of Risk:

I, _____, am aware that there are significant risks involved in all aspects of physical training. I understand that the reaction of the heart, lungs and vascular system to exercise cannot always be predicted with accuracy. I understand that there is a risk of certain abnormal changes occurring during or following exercise which may include abnormalities of blood pressure or heart rate; chest, arm or leg discomfort; transient light-headedness or fainting; and in rare instances, heart attack, stroke or even death. I understand that the programs and classes offered by Bodyshop Training Center Ltd are of a nature and kind that are extremely strenuous and can/may push me to the limits of my physical abilities. These risks include, but are not limited to: falls which can result in serious injury or death, injury or death due to negligence on the part of myself, my training partner, or other people around me, injury or death due to improper use or failure of equipment. I am aware that any of these above mentioned risks may result in serious injury or death to myself and or my partner(s).

x

PAR-Q & Informed Consent / Waiver

I willingly assume full responsibility for any and all risks that I am exposing myself to as a result of my participation in Bodyshop Training Center Ltd programs/classes and accept full responsibility for any injury or death that may result from participation in any activity, class or physical fitness program. I hereby certify that I know of no medical problems that would increase my risk of illness and injury as a result of participation in a fitness program designed by Bodyshop Training Center Ltd. With my full understanding of the above information, I agree to assume any and all risk associated with my participation in Bodyshop Training Center Ltd programs and/or classes.

By signing this document, I acknowledge that I have voluntarily chosen to participate in a program of progressive, physical exercise. By signing this document, I acknowledge being informed of the strenuous nature of the program and the potential for unusual, but possible, physiological results including, but not limited to, abnormal blood pressure, fainting, heart attack, or death. By signing this document, I assume all risk for my health and well-being and hold Bodyshop Training Center Ltd, as well as its owners, employees, and other authorized agents including independent contractors, harmless there from. I understand that questions about exercise procedure and recommendations are encouraged and welcome.

Waiver and Release:

I fully understand that my personal exercise program may be strenuous and I choose to participate voluntarily. I accept all responsibility for my health and any results, injury or mishaps that may affect my well-being or health in any way. I waive any claims, demands, causes of action or any claims for relief whatsoever against, and release Bodyshop Training Center Ltd (as well as any of its owners, employees, or other authorized agents, including independent contractors) from any and all liability, claims and/or causes of action that I may have for injuries or other damages, arising out of participation in Bodyshop Training Center activities, including, but not limited to the personal training / nutritional programs and programs/classes.

Indemnification: I recognize that there is risk involved in the types of activities offered by Bodyshop Training Center. Therefore I accept financial responsibility for any injury that I may cause either to myself or to any other participant due to my negligence. Should the above-mentioned parties, or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to reimburse them for such fees and costs. I further agree to indemnify and hold harmless Bodyshop Training Center Ltd, their principals, agents, employees, and volunteers from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in activities offered by Bodyshop Training Center Ltd.

I have fully read and fully understand the foregoing assumption of risk, and release of liability and I understand that by signing it obligates me to indemnify the parties named for any liability for injury or death of any person and damage to property caused by my negligent or intentional act or omission. I understand that by signing this form I am waiving valuable legal rights.

Photo/Video Release: I hereby authorize any images or video footage taken of my youth (under 18 years of age), in whole or in part, individually or in conjunction with other images and video footage, to be displayed on the Bodyshop website and/or to be used for media purposes including promotional presentations and marketing campaigns.

I, _____, am over the age of 19-years of age and am the legal guardian of the youth. I have carefully read this agreement and fully understand its contents. I am aware that this is a release and waiver of liability and sign it knowingly, voluntarily, and of my own free will.

Participant's Signature Participant's Name (please print) Date

Parent/guardian Signature Parent/guardian name (please print) Date