

CLIENT FITNESS CLASS WAIVER

All information received on this form will be treated as strictly confidential. Please fill out the forms **completely and accurately**.

Name:	_____	Date of Birth	___/___/___	Age:	_____
			M D Y		
Address:	_____				
	Street	City	Province	Postal Code	
Phone:	_____	(h)	_____	(o)	_____
					(c)
Email address:	_____				
Occupation:	_____				
Emergency Contact:	_____	Relationship:	_____		
Phone Number:	_____				
Physician's Name:	_____	Physician's Phone:	_____		
Physician's Address:	_____				
	Street	City	Province	Postal Code	

For office use only:	DE	____	NCL	____	PL	____
Instructor:	_____					
1 st Appointment:	_____					

PARTICIPANT RELEASE AND KNOWLEDGE OF AGREEMENT

- 1) I, _____, wish to participate in the exercise and training program offered by **Power of Progress**. I understand there are inherent risks in participating in a program of strenuous exercise. Consequently, I have been examined by a physician of my choice and have obtained his/her approval for my participation in a fitness program within sixty (60) days of the date set forth below. No change has occurred in my physical condition since the date such approval was given which might affect my ability to participate in the fitness program. If a physician has not examined me, I agree to see a physician within thirty (30) days of the date set forth below to obtain his/her approval for my participation in a fitness program. I agree that **Power of Progress** shall not be liable or responsible for any injuries to me resulting from my participation in the fitness program (whether at home, at the training studio, outdoors, or at a corporate, commercial, residential or other fitness facility) and I expressly release and discharge **Power of Progress**, her company's owners, employees, agents and/or assigns, from all claims, actions, judgments and the like which I or my heirs, executors, administrators or assigns may have or claim to have as a result of any injury or other damage which may occur in connection with my participation in the fitness program, excepting only an injury caused by the gross negligence or intentional act of such person or persons. This Release shall be binding upon my heirs, executors, administrators and assigns.

I have read and understand this term: _____(initial)

- 2) I certify that the answers to the questions outlined on the *PAR-Q* form are true and complete to the best of my knowledge. I acknowledge that medical clearance is required if I have answered "Yes" to any of the questions on the *PAR-Q* form. I understand and agree that it is my responsibility to inform my Instructor(s) of any conditions or changes in my health, now and on going, which might affect my ability to exercise safely and with minimal risk of injury.

I have read and understand this term: _____(initial)

- 3) I understand that I am not obligated to perform nor participate in any activity that I do not wish to do, and that it is my right to refuse such participation at any time during my training sessions. I understand that should I feel lightheaded, faint, dizzy, nauseated, or experience pain or discomfort, I am to stop the activity and inform my Instructor(s).

I have read and understand this term: _____(initial)

- 4) I understand the results of any fitness program cannot be guaranteed and my progress depends on my effort and cooperation in and outside of the sessions.

I have read and understand this term: _____(initial)

- 5) I understand that all Private Training rates are based on 60 minute sessions and should I arrive late, there is no guarantee I will receive the full session with my instructor(s). In return, if my instructor(s) is late for a session, I will still receive the full session time.

I have read and understand this term: _____(initial)

6) I understand that **Power of Progress** bills clients on a pre-pay basis. Once I have decided upon the type of training package I will purchase, payment must be made before the sessions are conducted. Cash and checks made payable to **Simone Dettwiler** (*Power of Progress will be used in January 2009*) are all accepted. I understand that all fitness class sessions are non-transferable and non-refundable. I also understand that all private fitness class sessions must be redeemed within the set time given by **Power of Progress**.

I have read and understand this term: _____(initial)

7) I understand that during a fitness class session, my instructor(s) may have to use Touch Training to correct alignment and/or to focus my concentration on a particular muscle area to be targeted. If I feel uncomfortable or experience any type of discomfort with Touch Training, I will immediately request that my instructor(s) discontinue using this technique.

I have read and understand this term: _____(initial)

8) I understand that the usage of any nutritional supplements is done under my own will and has not been prescribed by my instructor(s).

I have read and understand this term: _____(initial)

9) I understand that should my instructor(s) become ill or be away on holiday, another instructor may be assigned to me so that my fitness progress does not suffer. I also understand that in the event that my instructor(s) is no longer employed by **Power of Progress**, a suitable instructor will be re-assigned to oversee my program and workout sessions.

I have read and understand this term: _____(initial)

10) I understand that **Power of Progress** photographs many of their client events/sessions and I provide written approval for them to use these pictures for promotional purposes.

I have read and understand this term: _____(initial)

I have read this Release and Terms of Agreement and I understand all of its terms. I sign it voluntarily and with full knowledge of its significance.

CLIENT

INSTRUCTOR or Simone Dettwiler

DATE