



Consent Form:

I, the undersigned, do hereby acknowledge:

- That I have voluntarily chosen to participate in a program of progressive physical exercise that can enhance the musculoskeletal and cardio-respiratory systems.
- That I am aware of potential risks and/or discomforts including, but not limited to, episodes of transient light-headedness, muscle soreness, abnormal blood pressure, leg cramps and nausea, and I assume wilfully those risks.
- My understanding that I may ask any questions or request further explanation or information at any time.
- That I have read, understood and completed the PAR-Q questions.
- I understand and agree that it is my responsibility to inform my Trainer 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 understand that should I feel lightheaded, faint, dizzy, nausea, or experience pain or discomfort, I am to stop the activity and inform my Trainer.
- That if I need to cancel a scheduled training session, I will provide 24 hours notice to my Trainer.

In agreeing to participate in fitness training, consultation and assessment, I accept all responsibility and waive any legal recourse against CLIFFCREST FITNESS and its employees from any and all claims resulting from personal injuries sustained. This waiver shall be binding upon my heirs and my personal representatives.

PARTICIPANT SIGNATURE

DATE