

Physical activities: Participant's waiver

I, _____, agree that regular exercise is
(Print name)
beneficial to my health and this _____ program is an
(Activity)
effective way of enhancing my personal fitness.

However, I recognize that all physical activity involves some degree of risk and that this risk is relative to my current level of health and fitness. Understanding that, I accept all risks of injury or illness, which may arise, as a result of my voluntary participation in this exercise program.

I understand that it is my responsibility, if I answered YES to questions on the PAR-Q and if I am over 69 years of age, to consult my doctor before commencing any program of physical activity. This consultation should be with a view to assessing my current physical condition and any risk involved in my participation in this program. As well, it is my responsibility, in consultation with my doctor, to identify any pre-existing health problem, which might increase the risk of engaging in any physical activity and to limit my participation in the program accordingly.

I acknowledge that my leader cannot give me a medical opinion on the state of my health and this program is not a substitute for regular medical check-ups.

If you have read, understood and completed the PAR-Q with regard to your participation in this program and if you understand the risk involved and agree to take full responsibility for your personal health and safety please sign below.

Date of Birth: ___/___/___ Telephone number: _____

Address _____
(Street, City, Postal Code)

Signature _____ Date: ___/___/___

Emergency contact:

Name: _____ Telephone number: _____

Doctor's name: _____ Telephone number: _____