

ATHLETE WAIVER

Full Name

Email Address

Gender

Street Address

City

Province/Region

Zipcode

Country

Date of Birth

I agree to participate in training with Aristos Fitness Ltd. for the previously agreed upon fee.

I am also aware that a different Coach can be assigned to work with me at any time as deemed necessary by Aristos Fitness Ltd.

I understand that training with Aristos Fitness Ltd. is not a medically supervised program and that the training program provided by Aristos Fitness Ltd. is developed for healthy people with no medical conditions or risks, either physical or psychological, which would prevent the physical training from being executed safely.

In addition to the terms above, I represent that I am in good physical condition and have no medical reason nor impairment which might prevent me from safely participating in this program. As such, I acknowledge that Aristos Fitness Ltd. did not give me medical advice prior to commencing this program.

If I have any health or medical concerns now or after training with Aristos Fitness Ltd, I will discuss them with my doctor. If I have an existing medical condition, before I can begin to train with Aristos Fitness Ltd. I will present Aristos Fitness Ltd. with a medical release form, signed and dated by my personal physician. This form represents my physician's approval to participate in training with Aristos Fitness Ltd.

I grant permission to Aristos Fitness Ltd. to contact my physician / dietician or health care professional if I require medical supervision during my participation in training with Aristos Fitness Ltd. I understand that nutritional advice recommended as part of training at Aristos Fitness Ltd. is the sole opinion of the trainers who are qualified Nutritionists, not clinical Dietitians. Training at Aristos Fitness Ltd. is designed to help participants achieve their health and fitness goals by altering or maintaining body composition through the application of strength and conditioning training, nutrition advice and lifestyle guidance.

In consideration of my participation in the activities offered by Aristos Fitness Ltd, I understand and voluntarily accept this risk and agree that Aristos Fitness Ltd, its officers, directors, employees, volunteers, agents, independent contractors, any properties and/or facilities will not be liable for any injury, including, without limitation, personal, bodily, or mental injury, economic loss or any damage to me, my spouse, guests, unborn child, relatives or anyone using the facilities whether related to exercise or not; whether inside or outside and whether supervised or unsupervised.

I understand that this physical fitness program includes exercises to build the cardio respiratory system (heart and lungs), the musculoskeletal system (muscular endurance, strength, and flexibility), and to improve body composition. Exercise may include aerobic activities, bodyweight exercises, gymnastics and weight lifting.

I understand that the responses of the cardiovascular, musculoskeletal and nervous system to exercise cannot always be predicted and I know there is a risk of certain abnormal changes occurring during or following exercise, which may include abnormalities or problematic outcomes. Use of weight lifting equipment and engaging in heavy body calisthenics can lead to musculoskeletal strains, pain, and injuries.

I understand and acknowledge that Aristos Fitness Ltd is providing recreational services and may not be held liable for injury due to improper or unsupervised use of equipment. This Agreement is not effective until it is signed and dated. By signing below, I acknowledge and agree that I have read the aforementioned and understand the nature of the activities delivered by Aristos Fitness Ltd. I agree to all the [terms and conditions](#) of Aristos Fitness Ltd. and this Agreement, and acknowledge that I can receive a copy if I deem necessary.

Initial here:

PRIVACY NOTICE

We believe that your private information should be just that - private. We will only use your Personal Data in ways that are compatible with the purposes for which it was collected or as subsequently authorised by you. Our Privacy Notice explains what we do with the personal data collected and why we do it. A copy of our Privacy Notice can be found [here](#). Please initial if you agree to this information being used in accordance with our Privacy Notice.

Initial here:

☐ I agree to these terms.

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

2. Do you feel pain in your chest when you do physical activity? *

☐ Yes ☐ No

3. In the past month, have you had chest pain when you were not doing physical activity? *

☐ Yes ☐ No

4. Do you lose your balance because of dizziness or do you ever lose consciousness? *

☐ Yes ☐ No

5. Do you have a bone or joint problem that could be made worse by physical activity? *

☐ Yes ☐ No

6. Is your doctor currently prescribing drugs for your blood pressure or a heart condition? *

☐ Yes ☐ No

7. Do you know of any other reason why you should not do physical activity? *

8. Are you currently pregnant? *

☐ Yes ☐ No

I understand that if I answered "YES" to any of the above questions, I must seek the medical advice of a doctor before embarking on this program. *

No answers to show...

Have you been diagnosed with any medical condition(s) and / or chronic pain / injuries? If yes, please give details including relevant medication.

Do you consent to photographs and videos being taken for use on our social media and for marketing purposes (i.e. flyers, posters etc)? *

☐ Yes ☐ No

Sign your name below:

Please read the [Electronic Records and Signature Disclosure](#)

☐ I agree to use electronic records and signatures