

## ATHLETE WAIVER

**Full Name**

**Email Address**

**Gender**

**Street Address**

**City**

**Province/Region**

**Zipcode**

**Country**

**Date of Birth**

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I agree to participate in a health and fitness program with Aristos Fitness & Physiotherapy for the previously agreed upon fee.

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.

If I have any health or medical concerns either now or after entering a program with Aristos Fitness & Physiotherapy, I will discuss them with my doctor. If I have an existing medical condition, I will present Aristos Fitness & Physiotherapy with a medical release form, signed and dated by my doctor, before I can begin a program with Aristos Fitness & Physiotherapy. This form represents my physician's approval to participate in a health and fitness program with Aristos Fitness & Physiotherapy. I grant permission to Aristos Fitness & Physiotherapy to contact my doctor or health care professional if I require medical supervision during my participation in a fitness program with Aristos Fitness & Physiotherapy.

I understand that nutritional advice given by the Aristos Fitness & Physiotherapy team is the guidance from our qualified Nutritionists, not clinical Dietitians.

The programs at Aristos Fitness & Physiotherapy are designed to help participants achieve their health and fitness goals by the application of strength and conditioning training, nutrition advice and lifestyle guidance.

In consideration of my participation in the activities offered by Aristos Fitness & Physiotherapy, I understand and voluntarily accept this risk and agree that Aristos Fitness & Physiotherapy, its directors, employees, 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 improve the cardio respiratory system (heart and lungs), the musculoskeletal system (muscular endurance, strength, and flexibility), and 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, musculoskeletal strains, pain, and injury.

I understand and acknowledge that Aristos Fitness & Physiotherapy 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 & Physiotherapy. I agree to all the [terms and conditions](#) of Aristos Fitness & Physiotherapy 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.

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**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? \***

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**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.**

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**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:**

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

I agree to use electronic records and signatures