

# ATHLETE WAIVER

**Full Name**

**Email Address**

**Gender**

**Street Address**

**City**

**Province/Region**

**Zipcode**

**Country**

**Date of Birth**

## Physical Activity Readiness Questionnaire

### Assumption of Risk:

I am aware that there are significant risks involved in all aspects of physical training. I understand that the reaction of the heart, lungs and vascular system to exercise cannot always be predicted with accuracy. I understand that there is a risk of certain abnormal changes occurring during or following exercise which may include abnormalities of blood pressure or heart rate; chest, arm or leg discomfort; transient light headedness or fainting; and in very rare instances, heart attack, stroke or even death. I understand that the programs and classes offered by 171 Strength and Conditioning L.L.C. are of a nature and kind that are extremely strenuous and can/may push me to the limits of my physical abilities. These risks include, but are not limited to: falls, injury or death due to negligence on the part of myself, or other people around me, injury or death due to improper use or failure of equipment.

### Informed Consent / Waiver

I acknowledge that I have voluntarily chosen to participate in a program of progressive, physical exercise. I acknowledge being informed of the strenuous nature of the program and the potential for unusual, but possible, physiological results including, but not limited to, abnormal blood pressure, fainting, heart attack, or death. I assume all risk for my health and well-being and hold 171 Strength and Conditioning L.L.C., as well as its owners, employees, and other authorized agents including independent contractors, harmless there from. I understand that questions about exercise procedure and recommendations are encouraged and welcome.

I willingly assume full responsibility for any and all risks that I am exposing myself to as a result of my participation in 171 Strength and Conditioning L.L.C. programs/classes and accept full responsibility for any injury or death that may result from participation in any activity, class or physical fitness program. I hereby certify that I know of no medical problems that would increase my risk of illness and injury as a result of participation in a fitness program designed by 171 Strength and Conditioning L.L.C. With my full understanding of the above information, I agree to assume any and all risk associated with my participation in 171 Strength and Conditioning L.L.C. programs/classes.

### Waiver and Release:

I fully understand that my personal exercise program may be strenuous and I choose to participate voluntarily. I accept all responsibility for my health and any results, injury or mishaps that may affect my well-being or health in any way. I waive any claims, demands, causes of action or any claims for relief whatsoever against, and release 171 Strength and Conditioning L.L.C. (as well as any of its owners, employees, or other authorized agents, including independent contractors) from any and all liability, claims and/or causes of action that I may have for injuries or other damages, arising out of participation in 171 Strength and Conditioning L.L.C. activities, including, but not limited to the personal training / nutritional programs and programs/classes.

### Indemnification:

I recognize that there is risk involved in the types of activities offered by 171 Strength and Conditioning L.L.C. Therefore I accept financial responsibility for any injury that I may cause either to myself or to any other participant due to his/her negligence. Should the above-mentioned parties, or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to reimburse them for such fees and costs. I further agree to indemnify and hold harmless 171 Strength and Conditioning L.L.C., their principals, agents, employees, and volunteers from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in activities offered by 171 Strength and Conditioning L.L.C.

### Photography/Video Release:

Participants involved in any activities offered by 171 Strength and Conditioning L.L.C. may be photographed or videotaped during training. The undersigned hereby consents to the use of these photographs and/or videos without compensation, on the 171 Strength and Conditioning L.L.C. website or in any editorial, promotional or advertising material produced and/or published by 171 Strength and Conditioning L.L.C.

### Children:

I understand and agree that there are risks of significant injury to children, whether caused by the child or someone else on the premises, in their use of equipment or just their presence on the grounds of 171 Strength and Conditioning L.L.C. premises. I understand and agree that these risks of injury include but are not limited to slips, trips, collisions, thefts, equipment failure, or other such accidents or incidents that may result in injury, harm or damage including, but not limited to, sprains, torn muscles or ligaments, broken bones, heart stress, disfigurement, death, or other forms of pain or suffering. On my own behalf, and on behalf of each of the minor (Child), I fully understand, voluntarily accept, and specifically assume all risks of any injury to any and all children in my care and/or I bring onto 171 Strength

and Conditioning premises.

I have fully read and fully understand the foregoing assumption of risk and release of liability and I understand that by signing it obligates me to indemnify the parties named for any liability for injury or death of any person and damage to property caused by my negligent or intentional act or omission. I understand that by signing this form I am waiving valuable legal rights.

I have carefully read this Agreement and fully understand its contents. I am aware that this is a release and waiver of liability and I sign it knowingly, voluntarily, and of my own free will.

**Initial here:**

I agree to these terms.

**Do you have any heart conditions, chest pains, dizziness and/or have you ever lost consciousness when performing physical activities?**

Yes  No

**Please explain**

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**Do you have a bone or joint problem (for example, neck, shoulder, back, knee or hip) that could be made worse by a change in your physical activity?**

Yes  No

**Please explain**

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**Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure, cholesterol or heart condition?**

Yes  No

**Please list reasons why you are on these medications**

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**Is there any other reasons you would like to inform us about, concerning your health?**

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**I understand that I am solely responsible for any and all minors I bring on the premises. \***

Yes  No

**If signing for a minor please list their name/ names. Or any other minors you bring on the premises**

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**Sign your name below:**

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Please read the [Electronic Records and Signature Disclosure](#)  
 I agree to use electronic records and signatures