

Sunshine Park Fitness/Sunny Pilates

Personal information and Waiver Form

Please indicate class or classes (name/day/time) - _____

Method of payment: _____ cash _____ cheque (made out to Tracy From)

Personal Information

Name: _____ Phone: _____

Email: _____

Medical concerns: _____

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS
ALL PARTICIPANTS IN Tracy From's Classes ARE REQUIRED TO SIGN THIS
RELEASE AGREEMENT WHICH IS INTENDED TO PREVENT PARTICIPANTS FROM
SUING IN THE EVENT OF AN ACCIDENT.

This is a release of claims and by signing it I agree to the following:

1. Consent to Tracy From that you are in excellent physical health and physically able to participate safely in this class
2. It is to my understanding that Tracy From has the right to stop me from doing exercise in which she feels would be harmful to me or make me stop exercising upon observation of any symptoms of distress or abnormal response
3. It is my obligation to immediately inform Tracy From of any unusual pain, discomfort, fatigue or any other symptoms that I may suffer during and immediately after physical activity.
4. It is my obligation to immediately inform Tracy From of any new medical concerns that may arise during the course of the program, that are different from those noted above. (ie. Pregnancy, high blood pressure)
5. I understand that I will be participating in a home-based pilates/yoga/aerobic class, taught by a Stott Pilates, AFLCA, and CPR certified Tracy From. Pilates/yoga/aerobics involve certain elements of risk, dangers and hazards which could result in damage, loss or physical injury to me. I acknowledge these elements of risk, dangers and hazards and consent myself to participate.
6. I am aware that Tracy From does not provide me with any disability, accident, liability or medical insurance or compensation, should I become injured or cause personal injury or property damage to any third party while participating in fitness programs.
7. I understand that Tracy From is not responsible or liable for any injuries that may occur during the course of the class.
8. I hereby release Tracy From, the facility, and any other person involved in the organization of the class from any liability with respect to damage or injury I may suffer during the participation in physical activity during Tracy From's class.

This Agreement and any rights, duties and obligations as between the parties to this Agreement shall be governed by and interpreted solely in accordance with the laws of the Province of Alberta.

I, the undersigned, do hereby acknowledge that I have read and agree to the forgoing.

Name: (please print) _____

Signature _____ Date: _____