Athlete Liability Waiver

Name: Date of Birth:

Address:

City: Province: Postal Code:

Phone Number: Email:

Name, Relationship, & Phone Number of Emergency Contact:

Do you have any physical limitations or injuries that could be aggravated by exercise?

Do you have any diagnosed conditions that could impact you when exercising?

What are your primary fitness goals?

Do you have a timeline that you would like to achieve your goals in?

I represent and warrant that I am in good physical health and do not suffer from any medical conditions that would limit my participation in training services offered by **Becs Craven**. I understand that it is my responsibility to consult with a physician about any physical limitations or injuries prior to and regarding my participation in any personal training, fitness training, or group training. I understand the risks associated with the activities offered by **Becs Craven** and I agree to follow all instruction and direction so that I may safely participate in training, workshops, or other activities.

I hereby waive and release **Becs Craven**, its owners, partners, employees, agents, contractors and instructors, from any and all claims, demands, covenants, contracts, damages, or causes of action of any kind whatsoever, resulting from or related to my participation in the fitness programs offered by **Becs Craven**, including but not limited to any bodily harm or injury sustained by me. In taking part in personal training, fitness training, or group training offered by **Becs Craven**, I understand and acknowledge that I am fully responsible for any and all risks, injuries, or damages, known or unknown, which might occur as a result of my participation in such training services.

I have read the above release and waiver of liability and fully understand its contents. I am legally competent to sign this release and waiver, and voluntarily agree to the terms and conditions stated above.

Print Name: _____ Signature: _____ Date Signed: _____

If participant in under 18:
As parent or Legal Guardian of _____, I consent to the above terms and conditions.

Print Name: _____ Signature: _____ Date Signed: _____

Media Release

☐ YES, I allow photos/ videos of myself/ child to be shared by The S.H.E.D.

☐ No, I do not allow photos/ videos of myself/ my child to be shared.