WAIVER AND RELEASE

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have agreed to voluntarily participate in an exercise program, including, but not limited to, strength training, aerobic and cardiovascular exercise, flexibility and balance development, under the guidance of Breeze Sports Therapy (hereafter referred to collectively as BST).

I hereby stipulate and agree that I am physically and mentally sound and currently have no physical conditions that would be aggravated by my involvement in an exercise program. I have prior clearance from a GP that I am able to undertake a general fitness program.

I understand and am aware that physical-fitness activities, including the use of equipment, are potentially hazardous activities. I am aware that participating in these types of activities, even when completed properly, can be dangerous. I am aware of the potential risks associated with these types of activities, including but not limited to: death, fainting, disorders in heartbeat, neck and spinal injury, injury to bones, joints, ligaments, muscles, tendons, and other parts of the musculoskeletal system, and serious injury or impairment to other aspects of my body, general health, and well-being.

I understand that I am responsible for my own medical health and wellbeing. I will notify BST of any significant injury that requires medical attention (emergencies, hospitalisations, ongoing chronic disorders, etc.)

I understand I will provide the equipment to be used in connection with workouts. I represent and warrant any and all equipment I use during training sessions. I understand that I take sole responsibility for my equipment. I understand that BST will take precautions to ensure my safety, however, I expressly assume and accept sole responsibility for my safety and for any and all injuries that may occur.

HAVING READ THE ABOVE TERMS AND INTENDING TO BE LEGALLY BOUND HEREBY AND UNDERSTANDING THIS DOCUMENT TO BE A COMPLETE WAIVER AND DISCLAIMER IN FAVOUR OF BST, I HEREBY AFFIX MY SIGNATURE HERE TO.

Client’s NAME:

Client’s Signature:

Date: