



KICKBOXING Waiver Form

Name: _____ (Please Print)

I, _____ the undersigned, do hereby acknowledge:

- My consent to participate in any physical activity involved with the delivery of the fitness program presented by SHAPE UP.
- My understanding that the SHAPE UP Instructor has the right to stop me from doing exercise which he/she feels would be harmful to me or make me stop exercising upon observation of any symptoms of distress or abnormal response.
- My understanding that there are potential risks associated with physical activity such as, but not limited to: episodes of transient lightheadedness, fainting, abnormal blood pressure, muscular-skeletal injuries and I assume those risks willfully.
- My obligation to immediately inform SHAPE UP INSTRUCTOR of any unusual pain discomfort, fatigue or any other symptoms that I may suffer during and immediately after the physical activity.
- That I have read, understood and completed the Physical Activity Readiness Questionnaire (PAR-Q) form.
- That I hereby release the SHAPE UP Instructor from any liability with respect to damage or injury (including death) that I may suffer during participation in physical activity during any fitness program presented by SHAPE UP except where the damage or injury is caused by the gross or willful negligence of the Instructor within their scope of duties.

Participant Signature _____ Date _____

Parent Signature _____ Date _____
(If participant is under 18 years of age)

Trainer Signature _____ Date _____