

Body Now 4 Mums ©

ACKNOWLEDGEMENT OF RISK AND RELEASE OF LIABILITY

WARNING: THIS AGREEMENT WILL AFFECT YOUR LEGAL RIGHTS. READ IT CAREFULLY!

You, the participant, are aware that there are risks associated with participating in Fitness activities and exercise. Your participation is completely voluntary, and you freely accept and fully assume all responsibility for all risks, and all possibilities of personal injury, death, property damage or loss to yourself or any other person as a result of your participation in fitness activities. You and your heirs, next of kin, executors, administrators and assigns agree:

1. **Tick \checkmark each item below after reading and understanding each item**
- (a) **to waive all claims, known or unknown, that you have or may have in the future against Body Now 4 Mums, including their owners, officers, directors, agents, employees, volunteers, business operators, independent contractors and site property owners or lessees (the “organization”);**
 - (b) **that Body Now 4 Mums is not liable or responsible for any damage to, loss or theft of your property;**
 - (c) **to release and forever discharge Body Now 4 Mums from all liability for any personal injury, death, property damage or loss resulting from your participation in fitness activities due to any cause, including but not limited to negligence (failure to use such care as a reasonably prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contract or mistake in error of judgment of Body Now 4 Mums; and**
 - (d) **to be liable for and to hold harmless and indemnify Body Now 4 Mums from all actions, proceedings, claims, damages, costs demands, including court costs on a solicitor and own client basis, and liabilities of whatsoever nature or kind arising out of or in any way connected with your participation in fitness activities.**

2.

Please consult your physician prior to starting an exercise or fitness program, and prior to participating in training programs.

Please Print Clearly

Name: _____

Address: _____ Phone _____

City _____ Province _____ Postal Code _____

Signature _____

Body Now 4 Mums [Organization] Witness Name

Body Now 4 Mums [Organization] Witness Signature

Signed this ____ day of _____, 20__