

LION FITNESS - INFORMED CONSENT - WAIVER FORM

Name: _____

Address: _____

Telephone No: _____

Emergency contact name: _____ Telephone No: _____

General Statement:

I understand that any physical fitness programme and/or fitness class includes exercises to build the cardiorespiratory system (heart and lungs), the musculoskeletal system (muscle endurance and strength, and flexibility), and to improve body composition (decrease of body fat in individuals needing to lose fat, with an increase in weight of muscle and bone).

Exercise may include aerobic activities (walking, running, cycling, machine exercises, group aerobic activity, and other aerobic activities), callisthenic exercises, and weight lifting to improve muscular strength and endurance and flexibility exercises to improve joint range of motion.

Description of Potential Benefits:

I understand that regular exercise for the heart, lungs, muscles and joints, has many benefits associated with it. These may include a decrease in body fat, improvement in blood fats and blood pressure, improvement in physiological function, and decrease in heart disease.

Description of Potential Risks:

I understand that the reaction of the heart, lung, and blood vessel system to exercise cannot always be predicted with accuracy. I know there is a risk of certain abnormal changes occurring during or following exercise which may include abnormalities of blood pressure or heart attacks. Exercise may also lead to musculoskeletal strains, pain and injury if adequate warm-up, gradual progression, instructions and safety procedures are not followed.

Participant / Client Responsibilities:

In agreeing to training with Lion Fitness (onsite and/or online), their assigns and agents I acknowledge that is it my responsibility to provide details of any existing medical conditions, disabilities, impairments or injuries via the completion of their PAR-Q Health Questionnaire prior to the commencement of my training. I also agree to refresh this information every 12 months via the completion of a new PAR-Q Health Questionnaire and to immediately confirm any changes in my health which would result in a change to any of the answers given.

In the event that medical clearance must be obtained prior to my participation in the programme, I agree to consult my GP and obtain written permission from them to engage in aerobic and/or anaerobic conditioning. I understand that it is my responsibility to cease exercise immediately should I begin to experience any discomfort (chest pains, dizziness, nausea, difficulty breathing, apparent injury) during the fitness programme and/or fitness class.

I understand that Lion Fitness shall not be liable for any damages arising from personal injuries sustained during the exercise programme. I assume full responsibility for any injuries or damages which may occur during exercise. I hereby fully and forever release and discharge Lion Fitness, their assigns and agents from all claims, demands, damages, rights of action, present and future therein.

Signature of Client: _____

Date: _____