



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 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 Conquer Training, including their owners, officers, directors, agents, employees, volunteers, business operators, independent contractors and site property owners or lessees (The "organization");
- (b) That Conquer Training is not liable or responsible for any damage to, loss or theft of your property;
- (c) To consent permission of photograph or video recordings of you by Conquer Training while on Conquer Training property and/or participating in Conquer Training activities or events to be used on Conquer Training or Education website, printed materials and/or any other medium;
- (d) To release and forever discharge Conquer Training 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 Conquer Training and
- (e) To be liable for and to hold harmless and indemnify Conquer Training 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: _____

Home Phone: _____ Cell Phone: _____

Address: _____
Street City Province Postal Code

Email: _____

Signature: _____
Participant Trainer

Date: _____