



Class Registration and Waiver Form

Participant's Name _____ Date of Birth: _____
Address: _____ Postal Code _____
Phone/Home _____ Email _____

Emergency Contact Name & Number _____

Dr Name & Number _____

Do you currently exercise? Yes__ No__ How often per week? _____
What days/times best suit you to exercise? _____

Please list any specific medical allergies, medications, chronic illness or other conditions which the instructor should be aware of.

Do any of the following apply to you? (check all that apply)

___ prenatal ___ postnatal ___ fibromyalgia ___ stress ___ osteoporosis
___ arthritis ___ diabetes ___ high blood pressure ___ epilepsy ___ whiplash
___ back pain ___ shoulder pain ___ other _____

PLEASE CHECK YES OR NO TO THE FOLLOWING QUESTIONS:

- 1) Has your doctor ever said that you have a heart condition and that you should only do physical activity that is recommended by a doctor? Yes__ No__
- 2) Do you frequently have pains in your chest when you perform physical activity? Yes__ No__
- 3) In the past month, have you had chest pain when you were not doing physical activity? Yes__ No__
- 4) Do you ever lose your balance due to dizziness or do you ever lose consciousness? Yes__ No__
- 5) Do you have bone, joint or other problems that must be addressed when developing an exercise program? Yes__ No__
- 6) Are you pregnant now, or have you given birth in the last 6 months? Yes__ No__
- 7) Have you recently had surgery? Yes__ No__

If you answered yes to any of these questions please elaborate in the area below :

Important

Please speak to the Instructor before participating in the class if you have any concerns regarding the Medical Information listed above. Participation is not recommended if you are unsure of your current medical condition. It is best to seek the approval of your family physician before starting any new physical activity. (Physicians Note may be required. Instructor reserves the right to refuse student participation based on Medical History.)

Waiver on reverse MUST be signed

Waiver and Indemnification

I hereby waive all claims for injury or loss to person or property during participation in classes, workshops or other activities. My participation in this class/workshop is voluntary and at my own risk. To the best of my knowledge, the health information provided is accurate and I acknowledge and fully understand that I will be engaging in activities that involve risk of injury including, but not limited to, pulls or tears (muscles, ligaments or tendons), muscle strains, wrist or foot injuries. I hereby certify that I am in good health and do not suffer from any heart condition or other ailment that could be exacerbated by the exertion involved in the activities in which I may participate.

I agree that I will comply with all instructions given to me by the instructor or assigns. I hereby release respective owners, instructors, and assigns from any liability claims, demands, injuries, actions, or causes of actions to my person or property arising out of or connected with the use of any of the services, equipment, or facilities provided. I also agree to indemnify the said owners, instructors, agents, and assigns for any claims which are advanced by me or on my behalf, or as a result of any injury to me whatsoever. Further, I confirm that I either have specific insurance to cover any injuries that I may sustain or that I have chosen to participate in these activities without any insurance coverage and agree to assume full responsibility of any and all risks, known and unknown, bodily injury, death and property damage which may arise from my decision to participate in accepted classes.

By signing this form I agree that I have been informed that I should not participate in any activity if I have any doubt or if I am uncertain as to my current medical condition. I hereby certify that I am at least 18 years of age. If I am not at least 18 years of age, the signature of my parent(s) and/or legal guardian(s) must appear below. I have carefully read with a full, definite and clear understanding the foregoing provisions and freely enter into the within agreement of the Waiver and Indemnification Form.

I also understand that **all fees** incurred are **non-refundable** and **non-transferable** unless a doctor's note is provided. I acknowledge that there **will be a NSF charge for insufficient funds**, should I choose to provide a check as form of payment.

Name: _____

Signature: _____

Date: _____

Signature of Parent and/or Legal Guardian (if above registrant is under 18):

I agree that any photography taken while participating in a class or event may be used for promotional purposes or on the * Be Unique Fitness Website. **YES / NO**

***Note- The Be Unique Fitness Website (www.beuniquefitness.ca) is owned, operated and administrated by Lisa Cassidy. (250)649-0643 beuniquefitness@gmail.com**