

WAIVER OF LIABILITY

I, _____, give my consent to participate in the physical fitness program conducted by Victoria Wellness Professionals Ltd.

BENEFITS

Participation in a regular program of physical activity has shown to produce positive changes in a number of organ systems. These changes include increased work capacity, improved cardiovascular efficiency and increased muscular strength, flexibility, power and endurance.

RISKS

I recognize that exercise carries some risk to the musculoskeletal system (sprains, strains) and the cardio respiratory system (dizziness, discomfort in breathing, heart attack). I hereby certify that I know of no medical problem that would increase my risk of illness and injury because of participation in a regular exercise program.

In consideration of my participation in an exercise program with Victoria Wellness Professionals, I release Victoria Wellness Professionals (and its employees and owners) from any claims, demands and causes of action arising from my participation in the exercise program.

By signing this consent form, I understand that I am personally responsible for my actions during my tenure with Victoria Wellness Professionals and I waive the responsibility of Victoria Wellness (its employees and owners) should an injury occur.

Signed _____ Date _____

Witness _____ Date _____

