

FITNESS BATTALION

WAIVER & RELEASE FORM

I hereby understand and acknowledge that my use of the premises, facilities and equipment of Fitness Battalion Inc., and any activity associated with Fitness Battalion Inc. which takes place off-site its premises, may expose me to many inherent risks, including accidents, injury, illness, or even death. I understand and acknowledge that my participation with Fitness Battalion Inc., either at its facilities or off-site, may involve strenuous physical activity, including but not limited to muscle strength and endurance training, cardiovascular conditioning and training, boxing and/or martial arts classes, sleep deprivation, cold water training and other fitness activities. I agree to assume all risk of injury or death related to my participation in any activity associated with Fitness Battalion Inc., including but not limited to the following:

- Injuries or death resulting from vigorous physical exertion and strenuous physical activity;
- Injuries or death resulting from cold water training;
- Injuries or death resulting from sleep deprivation;
- Injuries or death resulting from weights and other fitness equipment;
- Injuries or death resulting from weather conditions;
- Spinal cord injuries which may cause permanent paralysis;
- Injuries or death resulting from failure by me or another person to properly or safely use any equipment or participate in any activity;
- Injuries resulting from my participation in any kind of martial arts, fighting, boxing or combat activity;
- Injuries resulting from exerting or stretching muscles.
- I understand that quitting at any time, including non-compliance of instruction during the camp means that any monies paid are non-refundable (tough mind camp only)

You have recommended that I obtain a physical examination from a doctor before using the facilities and equipment of Fitness Battalion Inc. I am not aware of or have disclosed in writing to Fitness Battalion Inc. any medical or health condition that would preclude me from participating in any activity associated with Fitness Battalion Inc., and I acknowledge that it is my responsibility to communicate any such condition or concern and refrain from participating in any activity that may aggravate such condition. I am physically and mentally fit and fully capable of any exercise or physical activity whether or not it takes place at the facilities or premises of Fitness Battalion Inc.

Any recommendation by Fitness Battalion Inc., or any of its employees or representatives, for changes in diet, the use of supplements, weight reduction and/or enhancement products are entirely my responsibility I and assume all risk thereof. I understand that I should consult a doctor prior to undergoing any dietary or food supplement changes.

I hereby release, hold harmless and indemnify Fitness Battalion Inc., its officers, agents, employees, directors, shareholders, representatives, successors and assigns from any responsibility, liability, demand, or claim of any kind, arising out of or in any way connected with Fitness Battalion Inc., even though such liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. I further agree to assume all responsibilities for any property damage or injury to any person caused by me, whether or not it arises at the facilities or premises of Fitness Battalion Inc.

I hereby acknowledge that I have read and fully understand the contents of this Release and Waiver of Liability and understand that by signing this document I waive certain legal rights, including the right to sue for any reason. I am signing this document at my own free will and I voluntarily agree to its terms. It is further understood and agreed that this Release and Waiver of Liability is binding on my heirs, successors and assigns.

I hereby check mark the box to acknowledge that I will be subscribed to the Fitness Battalion Buzz newsletter and can unsubscribe at any given time.

List any important medical information, conditions or instructions:

***Required fields**

*Participant's Signature: _____ Guardian's Signature: _____

*Participant's Full Name (Please Print): _____ *Date: / /

Contact Information

*Phone Number:		*E-mail Address:	
Address:		City:	Postal Code:
Emergency Contact:	Relationship:	Number:	

Personal Training Information

*(if applicable)Trainer's Name:

How did you hear about us?
