Liability Waiver

Name: _____

Date of Birth: _____ Email: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Phone Number: _____

_____

It is my responsibility to inform my trainer (Shauna Morris) of any physical limitations before beginning a training program. I represent and warrant that I am in good physical health and do not suffer from any medical condition that would limit my participation in training . I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any personal training, fitness training, home programming or group training. I understand the risks associated with the activities offered by Shauna Morris and I agree to follow all instructions so that I may safely participate in any fitness related activies or other activities.
I acknowledge all risks related to home program designs created by Shauna Morris and will not hold her responsible for any injuries that may occur while performing these programs on my own without supervision.

I hereby WAIVE AND RELEASE Shauna Morris from any claim, demand, or cause of action of any kind resulting from or related to my participation in the programs offered by Shauna Morris. In taking part in personal training, fitness training, home programming or group training by Shauna Morris, I understand and acknowledge that I am fully responsible for any and all risks, injuries, or damages, known or unknown, which might occur as a result of my participation in personal training, fitness training, home programs or group training.

I have read the above release and waiver of liability and fully understand its content. I am legally competent to sign and voluntarily agree to the terms and conditions stated above.

Print name: _____ Signature:_____

Date Signed:_____/_____/_____

If participant is under 18: As Parent or Legal Guardian of _____, I consent to the
above terms and conditions.

Print name: _____ Signature:_____

Date Signed:_____/_____/_____