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Group Fitness Class Informed Consent

I, _____ declare that I intend to participate in a group fitness class and its associated activities offered by the Town of Redwater and its designated staff, volunteer, or contractor.

I understand that different people have different capacities for participating in the various activities offered with the group fitness class.

I assume full responsibility during and after my participation in such activities and for my choices to use or apply at my own risk, any portion of the instruction or guidance that I receive while participating in these activities.

I understand that the risk involved in undertaking any of the activities is related to my own state of fitness or health, and the awareness, care, and skill with which I conduct myself in any of the activities of the group fitness class.

I also understand that I am free to withdraw from, reduce, or modify my involvement in any of the activities and I realize that I should do so on recognition of any signs of physical discomfort.

I further understand that the possible risks involved in participation in these activities may include muscle, tendon, ligament, bone, and joint soreness; muscle, tendon, and ligaments strain, tear or rip; bruising; death; skin laceration; tears, cuts or puncture; shortness of breath, dizziness, fainting or unconsciousness; tightness in chest; bone breaks, discoloration, separation or fracture; fatigue; sweating; eye punctures; heart attack or stroke; aggravation of an existing or past injury; discomfort or problems with any other injury; slips, trips, or falls; discomfort or physical problems associated with physical activity, and many other forms of physical discomfort.

I have read the above list of possible risks associated with my participation in the group fitness class and activities offered by the Town of Redwater and its designate staff, volunteer, or contractor.

_____ (Initial)

I consent to taking all the above noted risks by VOLUNTARILY PARTICIPATING in the group fitness class and activities offered by the Town of Redwater and its designate staff, volunteer, or contractor.

_____ (Initial)

I have completed a ParQ+ form and if I answered any YES answers, I was recommended to seek the advice of a health care practitioner (doctor) and fill out a ParMedx form before starting the class. **I have willingly decided to participate in the group fitness activities at my own risk without seeking the advice of a health care practitioner, and assume the risks associated with participating and hold the Town of Redwater and designates harmless in my decision.**

_____ (Initial)

Waiver: This document is a release of claims, and by signing below you assume the risk of, and release and hold The Town of Redwater and its designates (staff, volunteer, contractor) harmless from any liability of participating in such programs of performing such exercise routines or engaging in such other strenuous physical activity and agree that the **Town of Redwater and its designates (staff, volunteer, contractor)** SHALL NOT HAVE ANY LIABILITY OR RESPONSIBILITY FOR ANY SUCH INJURY OR HARM TO YOU.

Client (Print Name): _____ Signature: _____ Date: _____

Witness (Print Name): _____ Client Witness Signature: _____ Date: _____

Parent/Guardian (if under the age of majority): _____

FOR RETURNING PARTICIPANTS:

I have reviewed my previous PAR-Q+ form and (if applicable) my ePARmed-X+ Physician Clearance form, and hereby declare that my health condition has not changed since the completion of these forms. I accept all risks and liability for participating in the 2024 Chair Fitness class and I assume full responsibility to notify the Town of Redwater and its designate staff, volunteer, or contractor if my personal health condition changes.

_____ (Initial)