



Participant Waiver Form

I, _____, hereby acknowledge:
(Please print FULL NAME)

MY consent to participate in any physical activity organized by Stun Fitness Inc.

MY understanding that there are potential risks associated with physical activity such as but not limited to: episodes of transient lightheadedness, fainting, abnormal blood pressure, musculo-skeletal injuries and I assume wilfully those risks.

MY understanding that the Stun Fitness Inc., Trainer has the right to stop me from doing exercise which he/ she feels would be harmful to me or make me stop exercising upon observation of any symptoms of distress or abnormal response.

MY obligation to immediately inform the Stun Fitness Inc., Trainer of any unusual pain, discomfort, fatigue, or any other symptoms that I may suffer during and immediately after physical activity.

THAT I have read, understood and completed the PAR Q Form.

THAT I hereby release Stun Fitness Inc., and the Stun Fitness Inc., Trainer from any liability with respect to damage or injury (including death) that I may suffer during participation in physical activity organized by Stun Fitness Inc., except where the damage or injury is caused by the gross or wilful negligence of the Stun Fitness Inc., Trainer or Stun Fitness Inc., within the scope of their duties.

Participant/ Gaurdian Signature

Date

Stun Fitness Inc. Trainer Signature

Date