

## **Trailblazer Fitness Participant Disclaimer**

I would like to voluntarily engage in an exercise session instructed by Antony Newby and Danielle Middleton of Trailblazer fitness. I understand that the activities are designed to place a gradually increasing workload on the body in order to improve overall health and physical fitness. I understand that I am responsible for monitoring my own condition throughout the session and should I experience any pain or unusual symptoms such as chest pain or dizziness, I will cease my participation and inform the instructors immediately.

I know there may be risks associated with fitness classes and I willingly accept those possibilities. I take full responsibility for my own health and safety in participating in the fitness class and I agree to pay all medical costs I may incur in the unlikely event of injury or accident as a result of participation. I have read and completed the accompanying Trailblazer Health Questionnaire (PAR-Q form) which I understand was to ensure I am in a suitable state of health to safely take part in the sessions. I am aware that if there are any changes to my health then I am required to inform the instructors at the beginning of the session and my suitability to participate can be reassessed and adjustments made to my PAR-Q form.

I also understand the responsibility of any children who have accompanied me to this session remains my own and I will endeavour to ensure they remain safe and that they cause minimal disruption to other participants.

By signing this waiver I give permission for the taking and use of photographs of myself and my children/accompanying children for promotional and advertisement purposes.

In consideration for being allowed to participate in this activity, which I do freely and voluntarily for my own personal benefit, I hereby take action for myself and waive, release and discharge from any and all liability to Antony Newby and Danielle Middleton (Trailblazer fitness). Therefore, intending to be bound and as a condition of being allowed to participate in the fitness class, I have freely signed this waiver on the date indicated.

Name:		
Signature:	Date:	

(one copy to participant and one copy to be held by trailblazer fitness)