



## Participant Waiver Form

NAME

(Please print)

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I, the undersigned, do hereby acknowledge:

MY consent to participate in any physical activity involved with the delivery of the canfitpro course/exam.

MY understanding that the canfitpro PRO 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 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 obligation to immediately inform the canfitpro PRO 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 canfitpro and the PRO TRAINER from any liability with respect to damage or injury (including death) that I may suffer during participation in physical activity during the canfitpro course except where the damage or injury is caused by the gross or wilful negligence of the canfitpro PRO TRAINER or canfitpro within the scope of their duties.

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Participant Signature

Date

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PRO TRAINER Signature

Date