Anacla Fitness Centre

Fitness Centre Liability Form

Personal Information:

Name: _____

Address: _____

Phone number: _____

Email: _____

Emergency Contact: _____ Phone Number_____

Relationship to contact_____

Liability Waiver

I, the undersigned, being aware of my own health and physical condition, and having knowledge that my participation in any exercise program may be injurious to my health, am voluntarily participating in the physical activity.

Having such knowledge, I hereby acknowledge this release, of Huu-ay-aht First Nations from liability for accidental injury or illness which I may incur because of participating in the physical activity. I hereby assume all risks connected therewith and consent to participate in said program.

I agree to disclose any physical limitations, disabilities, ailments, or impairments which may affect my ability to participate in this fitness program.

Signature_____Date_____