



“Achieving Results for Your Body, Mind and Spirit”

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RELEASE FORM

1. I, _____ (client) am committed to making a positive change in my health through participation in the programs and services of **ACTIVE IMAGE**.
2. As a condition of my participation in the programs of **ACTIVE IMAGE**, in addition to the payment of any fee or charge, I hereby waive, release, and forever discharge **ACTIVE IMAGE** and its employees, representatives and all others from any and all responsibilities or liability from injuries or damages resulting from my participation in any activities. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of **ACTIVE IMAGE**.
3. I understand that certain elements of this program can be physically demanding and that I will need to change various aspects of my lifestyle to realize the goals I have set for this program. I also understand and I am aware that strength, flexibility, and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities may involve the risk of injury, and that I am voluntarily participating in these activities and using equipment with the knowledge of the potential dangers involved. I hereby agree to expressly assume and accept any and all risks of injury.
4. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or illness that would prevent my participation or use of equipment or machinery except as hereinafter stated. I acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have his/her recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and been given my physician’s permission to participate, or that I have decided to participate in activity without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment in my activities.
5. **I declare that I have read, understood and agree to the contents of this RELEASE FORM in its entirety.**

Client’s Signature

Date

Active Image Trainer’s Signature

Date