

Participant Information	Date:_					
Participant's Name	Birth D	ate		1	1	
			MM	DD	YY	
Address	City		_Postal	Code_		
Home PhoneCell	Email					
PLEASE READ CAREFULLY: WAIVER	FORM					
I freely acknowledge and realize the dar CJR3 Inc. I fully assume all risks, includi classes.						
I take full responsibility for any of my actio	ons and conduct during the class	and fo	or all risl	k associ	ated therew	ith.
I hereby release, indemnify and agree to lemployees from any and all losses, damanature, including reasonable solicitor feed arise and which result from illness, personat included herein, occurring or resulting	ages, claims, demands, right an es, and including all negligence on al injuries, property damage, de	d cau claims ath or	ses of a or cau of any	action o ises of	f whatever l action, whic	kind or h may
I understand and accept that any medica responsibility. I am of legal age and fully of						be my
By signing this document you will waive of all of its subcontractors and employees.	certain legal rights, including the	right t	o sue F	it On 45	5th and CJR	3 Inc.,
I CERTIFY THAT I HAVE READ THIS WA	IVER AND FULLY UNDERSTAN	ID IT	S CON	ITENTS	S.	
SIGNATURE:		ate:	DD	/	/	

Fit On 45th

Phone: 780-720-1432 email: info@fiton45th.com FB: @FitOn45th Web: www.fiton45th.com

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal and provincial governments and federal and provincial health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Fit On 45th has done its best to put in place preventative measures to reduce the spread of COVID-19; however, Fit On 45th cannot guarantee that you will not become infected with COVID-19. Further, attending Fit On 45th could increase your risk of contracting COVID-19.

By signing this agreement, you acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that you may be exposed to or infected by COVID-19 by attending Fit On 45th and that such exposure or infection may result in personal injury, illness, permanent disability, and death. You understand that the risk of becoming exposed to or infected by COVID-19 at Fit On 45th may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Fit On 45th employees and program participants.

You voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to yourself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that you may experience or incur in connection with your attendance at Fit On 45th ("Claims"). You hereby release, covenant not to sue, discharge, and hold harmless Fit On 45th, its employees, agents, and representatives, from the Claims. You understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Fit On 45th, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Fit On 45th program/class.

Signature	 	 	
Date	 	 	
D. C. I. N.			
Print Name	 	 	