

**Warrior Arts Inc. and  
Fitness Kickboxing Canada Inc.  
Participant Waiver Form**



Name:

(Please Print)

I, the undersigned, do hereby acknowledge:

My consent to participate in any physical activity involved with the delivery of the fitness program presented by Warrior Arts Inc. and Fitness Kickboxing Canada Inc.

My understanding that the Warrior Arts Inc. and Fitness Kickboxing Canada Inc. Franchisee or Instructor 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 those risks willfully.

My obligation to immediately inform the Warrior Arts Inc. and Fitness Kickboxing Canada Inc. Franchisee or Instructor of any unusual pain discomfort, fatigue or any other symptoms that I may suffer during and immediately after the physical activity.

That I have read, understood and completed the Physical Activity Readiness Questionnaire form.

That I hereby release Warrior Arts Inc. and Fitness Kickboxing Canada Inc. and the Trainer from any liability with respect to damage or injury (including death) that I may suffer during participation in physical activity during any fitness program presented by Warrior Arts Inc. and Fitness Kickboxing Canada Inc. except where the damage or injury is caused by the gross or willful negligence of the Trainer or Warrior Arts Inc. or Fitness Kickboxing Canada Inc. within their scope of duties.

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Participant Signature

Date

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Parent Signature (If participant is under 18 years of age) Date

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Trainer Signature

Date