



WAIVER & QUESTIONNAIRE

Welcome to Athletic Edge! Please fill this out in as much detail as possible so we can properly design your program to suit your exact needs. The more detail, the better. Help us help you!

Before we get started, take a quick read through our disclaimer so that we are on the same page when it comes to your accepting and utilizing our coaching strategies. Please read through the following disclaimer and provide initials in designated area after every paragraph to demonstrate that you've read and understood the following disclaimer and terms of agreement. Please provide a full signature at the end of the disclaimer, then fill out the questionnaire portion.

DISCLAIMER:

The information in the Lifestyle Transformation Program is designed for entertainment purposes and/or to provide useful and helpful information to people looking to live a healthier lifestyle. This course is not designed to treat any medical conditions. Always consult with a physician before engaging in any fitness program.

Initials: _____

You must consult with a physician if you or your family have a history of high blood pressure or heart disease, or if you have experienced chest pain in this last month while not exercising, or if you are a smoker, have high cholesterol, are obsess, or have a bone or joint problem that could be made worse through physical activity.

Initials: _____

If you experience faintness, dizziness, pain or shortness of breath, you should stop immediately.

Initials: _____

Athletic Edge is not responsible for any specific health or allergy needs that may require medical supervision, and we are not responsible for any negative consequences from any actions taken from our course(s).

Initials: _____



DO NOT disregard, avoid, or delay obtaining medical or health related advice from your health care professional because of something you may have read on this site. The use of information on this site is solely at your own risk.

Initials: _____

Consult with your doctor should you have any health concerns that go beyond a general scope of practice. The meal plans given are only guidelines and should be treated as such. Please note that we are NOT nutritionists and we are NOT dieticians. While our nutrition system has been designed by professionals, it may NOT be right for you. While we can share ideas or provide suggestions as to how to live a healthier lifestyle, we recommend that you check with your healthcare professional before changing your diet or adding any nutritional supplements.

Initials: _____

If you believe you are experiencing a health emergency, please contact 911 or your emergency number in your location.

Initials: _____

In consideration of Athletic Edge accepting my application on behalf of myself for participation in an activity or service operated or organized by Athletic Edge, I agree to this release of claims, waiver of liability, assumption of risk and indemnity agreement (collectively this agreement).

Initials: _____

I declare that participating in any activity or service operated or provided by or on behalf of Athletic Edge, I waive any claims that I may have against Athletic Edge and release Athletic Edge from all liability for injury, death, damage or loss (financial, economic, to property or otherwise) sustained by me as a result of my participation or usage of the services of Athletic Edge, due to any cause whatsoever including, without limitation, negligence on the part of Athletic Edge.

Initials: _____

By my continuing with this application and providing a signature below, I specifically acknowledge that I understand the foregoing terms and agree with them.

Signature: _____

Date: ____/____/____

QUESTIONNAIRE

Email address: _____

What is your full name: _____

Instagram: _____

What is your most important goal? What's holding you back from achieving it right now?

What is your height, weight and age? _____

Do you have any food allergies? _____

Do you have any health conditions that we should be aware of?

Please summarize your current workout and cardio plan:

What is your favourite body part that you are proud of? What do you want to work on the most?

What motivates you? _____

Write a list of 3 habits you need to destroy in order to live a happy & healthy lifestyle:

1. _____

2. _____

3. _____



Platoon FX Fitness/Athletic Edge



RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT (hereinafter “The Release Agreement”) BY SIGNING THIS YOU WILL WAIVER CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. PLEASE READ CAREFULLY

THE ACTIVITES REFERRED TO IN THIS RELEASE AGREEMENT INVOLVE RISKS, DANGERS AND HAZARDS INCLUDING RISK OF DAMAGE, LOSS, PERSONAL INJURY AND DEATH. THESE RISKS, DANGERS AND HAZARDS ARE MORE FULLY DESCRIBED ON THE FOLLOWING PAGES. ALL PARTICIPANTS IN THESE ACTIVITIES ARE REQUIRED TO SIGN THIS RELEASE AGREEMENT WHICH IS INTENDED TO PREVENT PARTICIPANTS FROM SUING IN THE EVENT OF AN ACCIDENT. PLEASE TAKE THE TIME TO REVIEW THIS DOCUMENT CAREFULLY

Last Name..... First Name.....

Street.....

City..... Province.....

Postal Code.....

Birth Day..... m/d/y

Telephone Number (include area code).....

Email Address.....

TO: PLATOONEX (the “OPERATOR”) and THE MANUFACTURERS AND DISTRIBUTORS OF THE EQUIPMENT USED IN FITNESS PROGRAMS, and their respective directors, officers, agents, representatives, employees, volunteers, independent contractors, subcontractors, sponsors, successors and assigns (collectively the “RELEASEES”)

DEFINITIONS

In this agreement the term “fitness programs” shall include all activities, programs, events classes, and services provided, sponsored or organized by the Operator including but not limited to : yoga; pilates; aerobics; aquafit; dance; ballet; weight training; personal training; tennis; squash; racquetball; use of aquatic facilities including swimming pool, whirlpool, Jacuzzi and sauna; use of strength training and fitness conditioning equipment, machines and facilities; nutritional and dietary programs; orientation or instructional sessions or lessons; and all other such related activities.

ASSUMPTION OF RISKS

I am aware that my participation in fitness programs involves many risks, dangers and hazards, which could result in damage, loss or physical injury to me. Some of these risks, dangers and hazards include, but are not limited to:

- *Health: overexertion, dehydration, fatigue, lack of fitness or conditioning.
- *Premises: defective, dangerous or unsafe condition of the facilities; falls; collisions with objects, equipment or persons.
- *Use of Equipment: mechanical failure of the equipment; negligent design or manufacture of the equipment; the provision of or the failure by the Releasees to provide any warnings, directions, instructions or guidance as to the use of the equipment; failure to use or operate the equipment within my own ability.
- *Advice: negligent advice regarding fitness programs.

*My conduct and conduct of other persons, including NEGLIGENCE ON THE PART OF THE RELEASEES, may increase the risk of damage, loss, personal injury or death. I understand that the Releasees may fail to safeguard or protect me from the risks, dangers and hazards of the fitness programs, some of which are referred to above.

Despite the risks, dangers and hazards of the fitness programs, and fully understanding such risks, dangers and hazards, I wish to participate in fitness programs with the Operator, and I FREELY ACCEPT AND FULLY ASSUME all such risks, dangers and hazards the possibility of personal injury, death, property damage and loss resulting there from.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INNDEMNITY AGREEMENT

In consideration of the Releasees allowing me to participate in fitness programs and permitting my use of their equipment, facilities and services, I hereby agree as follows:

1. **TO WAIVE ANY AN ALL CLAIMS** that I have or may in the future have against THE RELEASEES AND **TO RELEASE THE RELEASEES** from any and all liability for any loss, damage, expense or injury including death that I may suffer or that my next-of-kin may suffer as a result of my participation in fitness programs DUE TO ANY CAUSE WHATSOEVER, including but not limited to:
 - *negligence on the part of the Releasees;
 - *breach of contract by the Releasees;
 - *breach of warranty on the part of the Releasees in respect of the design, manufacture, selection, installation, maintenance or adjustment of equipment;
 - *breach of any statutory or other or other duty of care including the duty of care owed under the Occupiers Liability Act, R.S.A. 2000, c. 0-4, on the part of the Releasees; and
 - *the failure on the part of the Releasees to safeguard or protect me from the risks, dangers and hazards of fitness programs, some of which are referred to in the Assumption of Risks sections of this Agreement.
2. **TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES** from any and all liability for any damage, loss, expense or injury to any third party resulting from my participation in fitness programs.
3. This Agreement shall be effective and binding upon my heirs, next-of-kin, executors, administrators, assigns and representatives, in the event of my death or incapacity.

SAFETY: I am familiar with the proper use of the equipment. I am aware that there are fitness instructors and staff available to answer any questions I may have as to the proper use of the equipment. In entering into this agreement I am not relying on any oral, visual or written representation or statements made by the Releasees with respect to the safety of fitness programs other than what is set forth in this Agreement.

INSURANCE: I am aware that the Releasees do not provide me with any disability, accident, liability or medical insurance or compensation, should I become injured or cause personal injury or property damage to any third party while participating in fitness programs.

JURISDICTION: This Agreement and any rights, duties and obligations as between the parties to this Agreement shall be governed by and interpreted solely in accordance with the laws of the Province of Alberta, and I agree to attorn solely to the jurisdiction of the Courts of the Province of Alberta. Any litigation involving the parties to the Agreement shall be brought solely within the Province of Alberta and shall be within the exclusive jurisdiction of the court of the Province of Alberta.

Signature _____

Date _____

Print Name _____

Staff Witness _____