



Program Registration/Waiver Form

Date of Registration: _____ Program: _____

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City: _____ Postal Code: _____

Province: _____ Email: _____

Email: _____ Emergency Contact Name: _____

DOB: _____ Contact's Phone Number: _____

How did you hear about us? _____

Agreement and Release of Liability

1. I have a full understanding that Kingston Body Management and Limestone Health Consultants, while here to protect and promote health, is NOT a "Health Care Centre".
2. In consideration of being allowed to participate in the activities and programs of Kingston Body Management Inc., I do hereby waive, release, and forever discharge Kingston Body Management Inc. and Limestone Health Consultants Inc. and its officers, agents, employees, representatives, and all others for which it may be legally liable, from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities. I do 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 or connected with my participation in any activities of Kingston Body Management Inc. and Limestone Health consultants Inc.
3. I am aware and understand that strength, flexibility, and aerobic exercise, including the use of equipment is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury, and that I am voluntarily participating in these activities and using equipment with the knowledge of the dangers involved. I hereby agree to expressly assume and accept any risks of injury.
4. I acknowledge that I 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 acknowledge that 24 hours or more notice must be given for a cancellation of an appointment. I understand that failure to provide 24 hours notice will result in me forfeiting that training session. No refund of any kind will be given for the missed training session. I understand that appointments will begin and end promptly on schedule. I acknowledge that any delays to the start of a scheduled appointment will not be a cause to extend provided service beyond the remainder of the scheduled time. I understand that if I am 10 minutes late for a 30 minute appointment, or 20 minutes late for a 60 minute appointment my session will be cancelled and I will be charged for the session at the manager's discretion. I understand that my training sessions purchased will expire 1 year after the date of purchase.
6. All personal information gathered will be confirmed and therefore will require written authorization for release to a third party.
7. I hereby agree to accept and be legally bound by this contract.

Registrant Printed Name

Date

Registrant Signature