

Williams Health Group – Training Camp 2009
PARTICIPANT RELEASE AND KNOWLEDGE OF AGREEMENT

1) I, _____, wish to participate in the Training Camp program offered by Williams Health Group including, but not limited to, core conditioning, muscular strength, jogging/walking, jumping rope, circuit training, obstacle courses, plyometrics and other functional activities. I understand there are inherent risks in participating in a program of strenuous exercise including, but not limited to; heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/lower back/foot injuries, and any other illness, soreness, or injury. Consequently, I have been examined by a physician of my choice and have obtained his/her approval for my participation in a fitness program within sixty (60) days of the date set forth below, or have choose to proceed without a physician's approval and in either event, I agree that Williams Health Group shall not be liable or responsible for any injuries to me resulting from my participation in the program and I expressly release and discharge Williams Health Group, its owners, employees, subcontractors, agents and/or assigns, from all claims, actions, judgments and the like which I or my heirs, executors, administrators or assigns may have or claim to have as a result of any injury or other damage which may occur in connection with my participation in the Training Camp program, excepting only an injury caused by the gross negligence or intentional act of such person or persons. This Release shall be binding upon my heirs, executors, administrators and assigns.

I have read and understand this term: _____(initial)

2) I certify that the answers to the questions outlined on the PAR-Q form are true and complete to the best of my knowledge. I acknowledge that medical clearance is required if I have answered "Yes" to any of the questions on the PAR-Q form. I understand and agree that it is my responsibility to inform my Training Camp instructor of any conditions or changes in my health, now and ongoing, which might affect my ability to exercise safely and with minimal risk of injury.

I have read and understand this term: _____(initial)

3) I understand that I am not obligated to perform or participate in any activity that I do not wish to, and that it is my right to refuse such participation at any time during my training sessions. I understand that should I feel lightheaded, faint, dizzy, nauseated, or experience pain or discomfort, I am to stop the activity and inform my Training Camp instructor.

I have read and understand this term: _____(initial)

4) I understand the results of any fitness or exercise program cannot be guaranteed and my progress depends on my effort and cooperation in and outside of the sessions.

I have read and understand this term: _____(initial)

5) I understand that I am expected to be on-time for all workouts and should I arrive late, there is no guarantee I will receive the full session.

I have read and understand this term: _____(initial)

6) I understand that payment must be made in full prior to my attendance, and that there is a 100% money-back guarantee prior to participation in my second workout. Following the second workout, registrations are nontransferable and non-refundable

I have read and understand this term: _____(initial)

7) I understand that there may be photos / video footage taken of my participation, that may be used for marketing / advertising, and hereby consent to such use.

I have read and understand this term: _____(initial)

8) I understand that during a Training Camp workout, my instructor may have to use Touch Training to correct alignment and/or to focus my concentration on a particular muscle area to be targeted, and hereby consent to this technique. If I feel uncomfortable or experience any type of discomfort with Touch Training, I will immediately request that my trainer discontinue using this technique.

I have read and understand this term: _____(initial)

9) I understand that the usage of any nutritional supplements is done under my own will and has not been prescribed by my Training Camp instructor.

I have read and understand this term: _____(initial)

10) I understand that should my Training Camp instructor become ill or is away on holidays, another suitable instructor will be substituted. I also understand that in the event that my instructor is no longer employed by Williams Health Group, a suitable instructor will be assigned to oversee the program.

I have read and understand this term: _____(initial)

I have read this Release and Terms of Agreement and I understand all of its terms. I sign it voluntarily and with full knowledge of its significance.

Participant:

_____	_____	_____
Print name	Signature	Date

Witness:

_____	_____	_____
Print name	Signature	Date

PAR-Q FORM

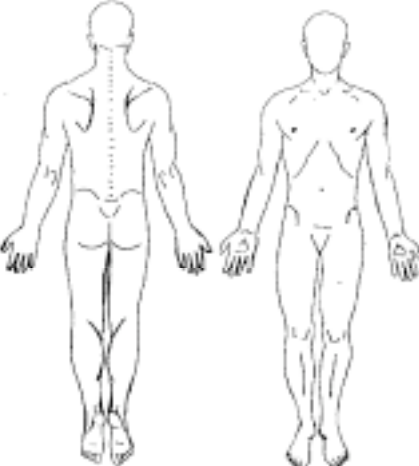
Many benefits are associated with regular exercise and the completion of PAR-Q is a sensible first step to take if you are planning to increase the amount of physical activity in your life.

Common sense is your best guide in answering these few questions.

Please check YES or NO to the following:

	YES	NO
Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?		
Has your doctor told you that you have high blood pressure?		
Do you feel pains in your chest when you do physical activity?		
In the past month, have you had chest pain when you were not doing physical activity?		
Do you lose your balance due to dizziness or do you ever lose consciousness?		
Do you have a bone or joint problem (example: back, knee, or hip) that could be made worse by a change in your physical activity?		
Is your doctor currently prescribing drugs (example: water pills) for your blood pressure or heart condition?		
Do you know of any other reason why you should not do physical activity?		
Do you take any medications on a regular basis? If yes, what is the medication for? _____		
How does this medication affect your ability to exercise? _____		
If you have marked YES to any of the above, please elaborate below: _____ _____		

Please circle areas considered “problems or injuries” and discuss in the space provided:

	
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