



## Fitness for Health Participant Waiver

I \_\_\_\_\_ (participant or Parent/Guardian of \_\_\_\_\_) hereby agree that the Fitness for Health Exercise program, and its organizers/partners/sponsors are not liable for any loss, damage or personal injury that I may suffer as a result of my participation in a Fitness for Health Exercise program.

I have obtained medical clearance as required prior to participating in the Fitness for Health program.

I agree to follow the guidance of my physician and physiotherapist and listen to my own body while participating in the Fitness for Health Exercise program.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Parent/Guardian (if under 18 years)

\_\_\_\_\_  
Date

## Permission and Release Agreement

I \_\_\_\_\_ grant permission to the **Barrie Community Health Centre** to use my name and/or my child's name, any photo and video images of me and/or my child and any comments made by me and/or my child in writing or otherwise, for promotional purposes in any media and territory in perpetuity.

I hereby release and discharge the **Barrie Community Health Centre**, its agents, employees and licensees from any claim or action that I may have with respect to the use of my of the above or my participation in any related activities.

I acknowledge that I will not receive any financial remuneration for any of the above and that my compensation is the opportunity to contribute to the activities.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_