



Corporate Occupational Solutions Inc.  
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 www.cosinc.ca

## PARTICIPANT RELEASE AND WAIVER AGREEMENT

### PLEASE READ CAREFULLY

I, \_\_\_\_\_, wish to participate in fitness classes offered by Corporate Occupational Solutions Inc. I understand there are inherent risks in participating in fitness classes. I agree that Corporate Occupational Solutions Inc. shall not be held liable or responsible for any injuries to me resulting from my participation in the fitness classes and **I expressly release and discharge** Corporate Occupational Solutions Inc. and its owners, employees, 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 fitness classes, for any reason **including negligence** on the part of the owners, employees, agents and/or assigns, myself, or any other participant involved in the fitness classes. This Release shall be binding upon my heirs, executors, administrators and assigns.

I understand that **I am not obligated to perform nor participate** in any activity that I do not wish to do, and that it is my right to refuse such participation at any time during the fitness classes. I understand that should I feel lightheaded, faint, dizzy, nauseated, or experience pain or discomfort, I am to stop the fitness class and inform an officer or representative of Corporate Occupational Solutions Inc. immediately.

I acknowledge I have read this legal document, and I agree with its terms and conditions. I understand that signing this document **waives my legal right to sue with respect to certain types of negligence**. I have signed this waiver agreement voluntarily with full knowledge of its meaning, significance, and implications. I have asked for and received clarification where necessary.

*Participant:*  
*Legal Name*  
 (Please print) \_\_\_\_\_  
*Signature:* \_\_\_\_\_  
*Date:* \_\_\_\_\_

*Ph #:* \_\_\_\_\_  
*Occupation:* \_\_\_\_\_  
*Employer:* \_\_\_\_\_  
*Email:* \_\_\_\_\_  
*Emergency Contact & Ph #:* \_\_\_\_\_

*Signed in the presence of:*  
*Witness/ Boot Camp Officer*  
 (Please print): \_\_\_\_\_  
*Signature:* \_\_\_\_\_  
*Date:* \_\_\_\_\_