Activity Waiver Form

THIS ACTIVITY WAIVER FORM (this "Waiver") dated this _____ day of _____, _____.

IN CONSIDERATION of being allowed to participate in the Activity and other good and valuable consideration, the receipt of which is hereby acknowledged, I _____ of _____ (the "Participant") agree with Athletic Performance Edge of 4119 2nd Ave, Regina, SK S4T 0B3, Canada (the "Activity Provider") to the following:

DETAILS OF ACTIVITY

1. The Participant will be participating in the following activity: Strength and Conditioning (the "Activity") provided by the Activity Provider.

CONSIDERATION

2. Being of lawful age and in consideration of being permitted to participate in the Activity, the Participant releases and forever discharges the Activity Provider, its owners, directors, officers, employees, agents, assigns, legal representatives, and successors from all manner of actions, causes of action, debts, accounts, bonds, contracts, claims, and demands for or by reason of any injury to person or property, including injury resulting in the death of the Participant, which has been or may be sustained as a consequence of the Participant's participation in the Activity, and not withstanding that such damage, loss, or injury may have been caused solely or partly by the negligence of the Activity Provider.

3. The Participant understands that the Participant would not be permitted to participate in the Activity unless the Participant signed this Waiver.

CONCURRENT RELEASE

4. The Participant acknowledges that this Waiver is given with the express intention of effecting the extinguishment of certain obligations owed to the Participant by the Activity Provider, and with the intention of binding the Participant's spouse, heirs, executors, administrators, legal representatives, and assigns.

FITNESS TO PARTICIPATE

5. The Participant acknowledges to the Activity Provider that the Participant does not have any physical limitations, medical ailments, or physical or mental disabilities that would limit or prevent the Participant from participating in the Activity. If required, the Participant will obtain a medical examination and clearance.

FULL AND FINAL SETTLEMENT

6. The Participant acknowledges and agrees with the Activity Provider that: (1) the Activity Provider has given the Participant sufficient time to carefully read this Waiver, (2) the Participant has been given the opportunity and has been encouraged to seek independent legal advice prior to signing this Waiver, (3) the Participant fully understands the risks and claims that the Participant

is waiving to participate in the Activity, (4) the Participant is freely and voluntarily executing this Waiver, and (5) the Participant is forever prevented from suing or otherwise claiming against the Activity Provider for any property loss or personal injury that the Participant may sustain while participating in or preparing for the Activity.

GOVERNING LAW

7. This Waiver will be governed by and construed in accordance with the laws of the Province of Saskatchewan.

EMERGENCY CONTACT

8. Name: _____
Phone: _____

IN WITNESS WHEREOF the Participant has duly affixed their signature on this _____ day of _____, _____.

_____

_____ (Participant)

Initials: _____

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