

REFIT WAIVER STATEMENT & INFO SHEET

(PLEASE PRINT)

Name: _____ Phone: _____

Address: _____ City/Town: _____

Province: _____ Postal Code: _____ Birth Date: _____

Email address*(optional): _____

*This email address will be used to send updates about this REFIT ® class and upcoming classes that you may participate in!

I, the undersigned, plan to participate in a REFIT ® class or classes conducted by Saunja Braun. I recognize that the program may involve strenuous physical activity including, but not limited to, muscle strength and endurance training, and other various fitness activities. I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or limit my participation in this exercise program.

I fully understand that I may injure myself as a result of my participation in this exercise program and, hereby release Saunja Braun and Hepburn School from any liability now or in the future for conditions or injuries that I may obtain and from all medical expenses in connection with the same. These conditions or injuries may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injury to knees, injuries to back, injuries to foot or any other illness or soreness that I may incur, including death.

Signature: _____ Date: _____