**TIME2TRAIN BOOTCAMP OUTDOOR EXERCISE WAIVER**

I have agreed to participate in Time2Train Outdoor Bootcamp exercise classes. The activities of outdoor training, strength training, running, agility drills, jumping, intense cardiovascular activities and flexibility training are all part of the sessions.

I acknowledge that there are risks associated with physical activity. These include but are not limited to, those caused by terrain, facilities, temperature, weather, my physical condition, equipment, actions of other people included by not limited to, participants, volunteers and lack of hydration.

In consideration of my being accepted as a client, I agree to release and discharge Time2Train Fitness & Therapy and Time2Train Bootcamp and any of its employees, volunteers and supervisors, Claire Sutcliffe owner of Time2Train from any injuries sustained by me as a result of participation in this program. I agree to indemnify and hold harmless Time2Train and any of its employees, volunteers and supervisors, Claire Sutcliffe owner of Time2Train against any liability incurred as a result of such injury or loss that may occur as a result of my participation other than as a result of Time2Trains’s negligence.

Fitness activities and programs require that I be in good health and have no condition that could endanger my well-being through participation (other than those listed on the Physical Readiness Questionnaire) I will notify Time2Train of any such defects in writing prior to attending any training session.

The undersigned agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of myself.

PRINTED NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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