

FIT4U CLIENT WAIVER & RELEASE OF LIABILITY AGREEMENT BIG SKY AUTISM PROJECT

I, _____, the Client receiving services through the Fit4U Programs
Name of Client

provided by Big Sky Autism Project, hereto know as ' the Client or Client', agree to the following:

1. I am participating in the training, program(s), exercise(s) and event(s), offered by instructors, coaches, and staff of Big Sky Autism Project during which they will receive instruction.
 2. I understand that it is my responsibility to consult with my physician prior to participation in any services offered by Big Sky Autism Project regarding my participation in any fitness program(s). I represent and warrant that I am physically able to participate in the services I have selected from Big Sky Autism Project. I have no life-threatening medical conditions which would prevent me from participating in the services offered by Big Sky Autism Project.
 3. In consideration of being permitted to participate in any or all of Big Sky Autism Projects services, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might cause or incur as a result of participating in these programs, classes, trainings, exercises and events.
 4. In consideration of being permitted to participate in any or all of Big Sky Autism Projects services, I knowingly, voluntarily, and expressly waive any claim I may have against Big Sky Autism Project's instructors, coaches, staff, Board of Directors, facility owners, or insurers for injury or damages that I may sustain as a result of participating in the services offered by Big Sky Autism Project.
 5. The Clients' heirs or legal representatives forever release, waive, discharge, and covenant not to sue Big Sky Autism Project or its Board of Directors, instructors, coaches, staff, facility owners or insurers for any injury or death caused by negligence or other acts.
- **I have read the above waiver and release of liability and fully understand its contents.**
 - **I represent that I have the legal capacity and authorization to act on behalf of myself, the Client.**

With my signature below, electronic or handwritten, I voluntarily agree to the terms and conditions stated above.

Signature of Client

Date

Name of Client (Print) _____ Birthdate _____

Emergency Contact _____ Phone _____