



**WAIVER OF LIABILITY**  
**&**  
**PHYSICAL ACTIVITY READINESS QUESTIONNAIRE**

This agreement waives the liability of F.I.T. Games Inc. located at Bath Plains Nevis.

- I wish to participate in the F.I.T. Games.
- I hereby agree that I will indemnify and hold harmless the F.I.T. Games Inc. and their affiliates, officers, directors, agents and employees from and against all actions, costs, claims, losses, expenses, and/or damages, including attorney-fees, that I might have now or in the future, for any personal injuries and /or property damage in any manner resulting from my use of the facilities and services offered at the F.I.T. Games.
- I understand that exercise as well as participating in challenging obstacles courses has varying effects on the individuals based on their size, age, physical condition, and/or state of health and may require personal knowledge on their proper use. I further understand it is my sole responsibility to determine my physical fitness level for any exercise or physical activity and the suitability of the exercise or physical activity based on my personal condition and personal knowledge of the use of the exercise or obstacle.
- I am declaring that I am physically capable of utilizing the facilities and services for the F.I.T. Games.
- I acknowledge that I have read this Waiver of Liability carefully and understand its meaning and I am voluntarily releasing the above named parties from all liabilities arising out of my utilization of the obstacle course and extended services.

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Print Name

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Signature

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Date

## PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

Should you feel that this particular program or activity will pose any health risk, please seek medical advice before starting. Common sense is your best guide in answering these few questions. Please read the question carefully and check the correct answer as it applies to you.

Yes No

Do you have any existing injuries?

Yes No

Do you frequently have pains in your heart or chest?

Yes No

Has your doctor ever said that you have heart trouble?

Yes No

Do you often feel faint or have spells of severe dizziness?

Yes No

Has a doctor ever said that your blood pressure was too high?

Yes No

Has your doctor ever told you that you have a bone or joint problem such as arthritis

that has been aggravated by vigorous exercise or might be made worse with exercise?

Yes No

Is there a good physical reason not mentioned here why you should not participate in an

exercise program or vigorous physical activity even if you wanted to?

Yes No

Are you over age sixty-five (65) and not accustomed to vigorous exercise/activity?

Yes No

Are you more than 30 lbs overweight?

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Note: If you answered yes to one or more of the above questions, it is a good idea to consult with your physician by telephone or in person before commencing on your physical activity. Discuss with your physician the questions you answered YES to.

I have consulted with my physician and I am approved for physical activity. \_\_\_\_\_