**WAIVER AND RELEASE OF LIABILITY**

For and in consideration of being permitted to use the facilities and equipment of Police Fit Canada’s - Raw Fit & Wellness gym (“the Gym”), located at 35 Long Sault Drive, Long Sault, Ontario which operates 24/7 and is unsupervised, the undersigned, on behalf of myself, my heirs, executors, administrators, and assigns, hereby voluntarily releases, discharges, waives, and relinquishes any and all actions or causes of action for personal injury, property damage, or wrongful death occurring to them arising as a result of use of the Gym or any activities incidental thereto, wherever or however the same may occur and for whatever period said activities may continue.

1. Acknowledgement of Risk: I acknowledge that the use of Gym facilities and equipment involves risks, including but not limited to bodily injury and property damage. I further acknowledge that the Gym operates 24/7 and is unsupervised, and that this may increase the risks associated with use of the Gym. I hereby assume all risks involved in using the Gym facilities and equipment and voluntarily choose to participate in such activities.

2. Waiver and Release: I, for myself, my heirs, executors, administrators, and assigns, hereby release, waive, discharge, and agree not to sue Police Fit Canada / Raw Fit & Wellness, its officers, employees, agents, representatives, and volunteers from all liability to myself or aforementioned parties for any loss, damage, injury, or expense that I may suffer as a result of my participation in and use of the Gym.

3. Indemnification: I agree to indemnify and hold harmless Police Fit Canada / Raw Fit & Wellness, its officers, employees, agents, representatives, and volunteers against any and all losses, liabilities, claims, damages, or expenses including attorneys’ fees and costs, arising out of or resulting from my use of the Gym’s facilities and equipment.

4. Representation of Physical Fitness: I represent that I am physically fit and have no medical condition that would prevent my safe participation in physical activities in the Gym. I acknowledge and agree that it is my responsibility to consult with a physician prior to and regarding my participation in any physical activities in the Gym.

5. Self-Supervision and Safety: I understand that the Gym is unsupervised and that I am responsible for my own safety and conduct while using the Gym facilities and equipment. I agree to use the Gym equipment in a manner consistent with safe practices and in accordance with any posted rules or guidelines.

6. Emergency Medical Treatment: I consent to medical treatment for emergencies that occur during my use of the Gym where I am unable to consent to such treatment. I acknowledge that Police Fit Canada / Raw Fit & Wellness has no duty to provide such treatment.

7. Entire Agreement: I understand that this Waiver and Release of Liability constitutes the entire agreement between me and Police Fit Canada / Raw Fit & Wellness and that it cannot be modified or changed in any way by the representations or statements by any employee or agent of Police Fit Canada / Raw Fit & Wellness, or by the undersigned.

I HAVE CAREFULLY READ THIS WAIVER AND RELEASE OF LIABILITY AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND POLICE FIT CANADA / RAW FIT & WELLNESS AND I SIGN IT OF MY OWN FREE WILL.

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name (Witness):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature (Witness)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_