

Informed Consent/ Waiver /Release of Liability Agreement

I AGREE that it is my own responsibility to verify my physical fitness to participate in the Program with my family physician and/or any relevant specialist as appropriate in my circumstances.

I UNDERSTAND that certain activities in the Program require a minimum level of fitness and health (physical, mental or emotional) and that each person has a different capacity for participating in Program activities.

I HEREBY WARRANT being physically fit to participate in the Program and understand that the choice to participate in the Program brings with it an assumption of risks which may be inherent in activities undertaken in the Program.

I AUTHORIZE the Association and/or The Corporation of the City of Kitchener to provide medical aid to the participant of the Program if deemed reasonably necessary.

I UNDERSTAND that the rules and regulations are designed for the safety and protection of participants and I hereby undertake to abide by the rules and regulations of the Program.

I UNDERSTAND that the Association and the Corporation of the City of Kitchener, and their respective employees, volunteers or agents shall not be liable for any injury to my person or for loss of damage to my personal property arising from, or in any way resulting from, my participation in the Program.

I HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE the Association, and its employees, volunteers and agents, and the Corporation of the City of Kitchener, including its Mayor, all Councillors, Boards, Committees, agents, officials, officers, employees, and volunteers, of and from all claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of death and/or injury to my person, and in respect of loss and/or damage to my property, howsoever caused, arising from, or in any way resulting from, my participation in the Program.

I ACKNOWLEDGE that I have read, understood and agree with the above Informed Consent/Waiver/Release of Liability Agreement, and that I have executed same freely and voluntarily without compulsion on any part by the Association or the Corporation of the City of Kitchener, and that this Informed Consent/Waiver/Release of Liability Agreement is to be binding upon myself, my heirs, executors, personal representatives, administrators and assigns.

Signature of Participant/Parent/Guardian: _____ **Date:** _____

**Parent/Guardian signature is required if participant is under 18 years of age*

Print Name of Signatory: _____

Important Information

A. **Picture Release:** The instructors and volunteers of the Association, and/or staff of the Corporation of the City of Kitchener, may periodically take photographs or video tapes of participants during a program for program purposes. Further, some photographs or videos may be taken for personal purposes by instructors, volunteers, participants or parents of participants. By signing this section, you agree that photographs or videos of the program participant may be used for public relations and promotions, internally at the Association and at the Corporation of the City of Kitchener, or externally (on a website or in newspapers), at any time in the future, at the sole discretion of the Association or the Corporation of the City of Kitchener. If you have any concerns, please contact Association personnel or staff of the Corporation of the City of Kitchener.

Signature of Participant/Parent/Guardian: _____ **Date:** _____

**Parent/Guardian signature is required if participant is under 18 years of age*

B. **Privacy:** Your privacy is important to us. The information collected on this program registration form is used for administrative purposes relating to program implementation only, and will only be shared with Association staff and volunteers, and with staff of the Corporation of the City of Kitchener. Completion of this form and permission to share this information with Association volunteers and staff, and with staff of the Corporation of the City of Kitchener, is required for program participation.

C. **Assistance for Special Needs:** If the participant has a disability or special need that requires assistance to participate in the Program, on one-to-one support may be available from the Corporation of the City of Kitchener at (519) 741-2229 or 1-866- 969-9994.

D. **No Spectators Unless Authorized:** To ensure safety and program quality for all participants, spectators are not permitted in the gym and program rooms during programs except for specifically identified viewing dates, or at the discretion of the instructor of the Program.

E. **Refunds and NSF cheques:** The Association reserves the right to cancel the Program for any reason, in its sole and absolute discretion. Requests for refunds must be accompanied by this receipt. An administration fee may apply. Please contact the Association for more information regarding the refund policy and NSF cheques.

By completing and signing this form I confirm that I have read and understood and agree with the above, and I confirm that the information I have provided is correct.

Signature of Participant/Parent/Guardian: _____ **Date:** _____

**Parent/Guardian signature if participant is under 18 years of age*

Please Print Name: _____