

**TYENDINAGA FITNESS RESOURCE CENTRE
(613) 962-2822
REGISTRATION FORM**

Note: This information will be recorded in a data base created by the MBQ.

Name: _____ Birth date: _____
(Please print) Referred By: _____

Married Single First Nation Status Y / N
(Please circle)

Full Mailing Address:

Province: _____ Postal Code: _____

Telephone: _____ Work Phone: _____

Email: _____

Do you require the following for your success in being active?

-Transportation (car pool) Yes No Sometimes
-Childcare Yes No Sometimes

(Please ask about the childcare fees & policies)

-Personal Trainer Yes No Maybe

Emergency contact Name: _____

Telephone: _____

Photo Permission: Yes No (we take pictures for funding & database)

Short Term / Long Term Goals / Fitness Level (1-5) 1 = Poor 5 = High

Medical: If you have any medical concerns/injuries that may affect your exercise experience, please provide details:

PLEASE WEAR INDOOR SHOES & COMFORTABLE CLOTHING

WAIVER

1. ACKNOWLEDGE, agree and that I understand the nature of the Tyendinaga Fitness Resource Centre (TFRC) based on that I am qualified, in good health and in proper physical condition to participate in activities in the TFRC.
2. FULLY UNDERSTAND that: a) physical activity involve risks and dangers to bodily injuries; b) that these risks and dangers may be caused by my own actions or inactions; c) there may be other risks and losses either not known by me or not readily foreseeable at this time, and I FULLY ACCEPT AND ASSUME ALL RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS AND DAMAGES I incur as a result of my participation in the activities.
3. AGREE AND WARRANT that I will examine and take into consideration each Activity in which I take part in as a member and that if I observe any condition which I consider to be unacceptable or dangerous, I will notify the proper authority in charge of the Activity.
4. HEREBY RELEASE, discharge and covenant not to sue the Tyendinaga Fitness Resource Centre, their administrators, directors, agents, officers, volunteers or employees, other participating regatta organizers, any sponsors, advertisers, and if applicable, owners and lessors of premises, on which the Activity takes place (each considered on the Releases herein) from all liability, claims, demands, losses or damages on my account caused or allege to be caused in part by negligence of the Releases or otherwise, including negligent rescue operations, and that I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement, I, or anyone on my behalf, makes a claim against any of the Releases, I WILL INDEMNIFY SAVE AND HOLD HARMLESS each of the Releases, from any litigation's expenses, attorney fees, loss, liability, damage, or cost which any may incur as a result of such claim.

I have read this agreement, fully understand its terms, understand that have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Printed Name of Participant: _____ Date: _____
Signature _____

Signature (only if age 18 or over)

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PARENTAL CONSENT

AND I, the minor's parent and/or legal guardian, understand the nature of activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such activities. I hereby release, discharge, covenant not to sue, and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releases from all liability, claims, demands, losses,, or damages on the minor's account caused or alleged to be caused in whole or part by the operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releases, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releases from any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as the result of any such claim.

Printed Name of Parent/Guardian: _____ Date: _____

Parent/Guardian Signature (only if participant is under the age of 18):

Office use only

Single_____ Family_____ Student _____ Senior_____

Month payment _____ Yearly payment_____

drop in_____

Date_____

Signature of staff _____

Cash Debit Chq.