

**Part A**

Participant's name: _____

Participant's address: _____

Participant's telephone #: _____

Participant's age: _____ / _____ / _____
MM DD YYYY

Name of Arena Contract Holder: _____

Describe the program/activity: _____

Date/term of the program/activity: _____

Location where the program/activity will be held: _____

Release of Liability, Waiver of Claims and Assumption of Risks and Indemnity Agreement

Please read carefully before signing

I, _____ agree to abide by the rules, regulations, policies and procedures of the City of Ottawa and the Arena contract holder and agree to use the facility and equipment in a manner consistent with its intended use and application.

Physical Fitness Programs are designed predominantly for healthy individuals. If you have been inactive, have health or medical concerns, or if you answered YES to any questions on the PAR-Q form, you are advised to consult with your physician prior to becoming involved. Participation in sport, general fitness and physical activity programs involves a risk of normal injuries. An individual's participation will be deemed to indicate acceptance of such risks. Therefore, the City of Ottawa and the Arena contract holder accept no responsibility for such normal activity related risks. City of Ottawa and the Arena contract holder's representatives do not have medical training. If you answered YES to any questions on the PAR-Q form, talk to your doctor.

I understand and agree that my participation in any physical fitness program is not a requirement of the City of Ottawa and the Arena contract holder and is strictly voluntary. I further agree that in the event of a personal injury or property loss, as a result of my participation in a physical fitness program, I accept full responsibility and I will not hold the City of Ottawa and the Arena contract holder, its employees, volunteers, contractors, agents or the instructors liable.

I am aware of the nature and effect of the Release of Liability, Waiver of Claims and Assumption of Risks and Indemnity Agreement that I am signing. I am executing this release and waiver of liability agreement freely and without any compulsion on the part of the City of Ottawa and the Arena contract holder, I acknowledge to having read this entire agreement prior to having signed it.

By signing this document you will be assuming certain legal risks. You must acknowledge having read, understood and agree to the above conditions contained in this Agreement.

Complete, if the member participating in the physical fitness program is 18 years of age and older.

Participant print your name if 18 years of age and older	Signature of participant if 18 years of age and older	_____/_____/_____ MM DD YYYY
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Witness, print your name	Signature of Witness	_____/_____/_____ MM DD YYYY
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If the member participating in the physical fitness program is 16 or 17 years of age they and a parent or legal guardian are required to sign below.

If the member participating in the physical fitness program is under the age of 16 years old, only a parent or legal guardian is required to sign.

By signing this document, I/my child understand, my child will be assuming certain legal risks. You and your child must acknowledge having read, understood and agree to the conditions contained in this Agreement

My child _____, a minor pursuant to the *Age of Majority and Accountability Act*, has my permission to participate in the physical fitness program.

Parent/Legal Guardian, print your name	Signature of Parent/Legal Guardian	_____/_____/_____ MM DD YYYY
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Participant print your name, if 16 or 17 years of age	Signature of participant/volunteer, if 16 or 17 years of age	_____/_____/_____ MM DD YYYY
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Witness, print your name	Signature of Witness	_____/_____/_____ MM DD YYYY
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Contact Information for Medical Emergency