



ASSUMPTION OF RISK AND WAIVER AGREEMENT

Salisbury Composite High School Physical Activity and Wellness Centre

WARNING- BY SIGNING THIS FORM, YOU GIVE UP IMPORTANT LEGAL RIGHTS! PLEASE READ CAREFULLY!

Form with fields for Name of Participant, Street Address, City, Province, Country, Postal Code, Phone Number, Year of Birth, Parent or Guardian, Emergency Contact, and Relationship.

DISCLAIMER

The Governors of the Elk Island Public Schools, Salisbury Composite High School Physical Activity and Wellness Centre, their officers, directors, employees, volunteers, students, members and representatives (hereafter referred to as "Salisbury Composite Wellness Centre ") are not responsible for any injury, loss or damage of any kind suffered by any person while participating in the fitness program...

RESPONSIBILITIES AND ASSUMPTION OF RISK

I hereby state and verify that I am/my child is physically and mentally fit to participate in the program. I understood and agreed that there are risks associated with the participation in the program. I am aware that the exercises of the program can be physically stressful and in rare instances can even be harmful and result in severe injury.

RELEASE OF LIABILITY AND INDEMNIFICATION

I understand that the use of the fitness facility/equipment of the program is voluntary and at my/my child own risk, I agree to release, indemnify and hold harmless Elk Island Public School Division and Salisbury Composite High School from any and all claims, demands, actions and costs which might arise out of my/my child's participation in the program; due to any cause whatsoever.

ACKNOWLEDGEMENT

I acknowledge that I have read and understood this agreement and that I have/my child has been provided an opportunity to ask any questions or request further explanation or information about the procedures at any time before, during and after the program.

Signed this _____ day of _____, 20_____ at EDMONTON, ALBERTA.

Signature of Participant

Signature of Witness

Signature of Parent or Guardian (If the participant is under 18 years of age)

Printed Name of Witness

Protection of Privacy - The personal information requested on this form is collected under the authority of Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act. It will be used for the purpose of implementing this Agreement. Direct any questions about this collection to: Barclay Spady, Assistant Principal & Supervisor, Salisbury Composite High School Physical Activity and Wellness Centre.