ASSUMPTION OF RISK AND WAIVER AGREEMENT

		ASSUMPTION OF RISK AND	
		Please print clearly. If we can't	
WAI		IGNING THIS AGREEMENT, YOU WILL WAIVER CERTA D CAREFULLY!	AIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE! PLEASE
1		(the "USER")	or on behalf of the
con		d to include myself, children, spouse, parents, heirs	, assigns, personal representatives, guardians and estate) s Centre Facilities, and other services offered by GPRC as
prov Clim	vided, sponsored nbing Wall; use of	or organized by GPRC including but not limited to:	de all activities, programs, events, classes, and services weight training; personal training; use of facilities including nt, machines and facilities; nutritional and dietary programs; d activities.
	ult in damage, los Health: overexertic conditioning. Premises: defectiv facilities; falls; colli Use of Equipment: design or manufac failure by GPRC to or guidance as to f	RISKS I am aware that my participation in fitness pross or physical injury to me. Some of these risks, danton, dehydration, fatigue, lack of fitness or the dangerous or unsafe condition of the isions with objects, equipment or persons. It mechanical failure of the equipment; negligent cure of the equipment; the provision of or the provide any warnings, directions, instructions the use of the equipment; failure to use or ment within my own ability.	ograms involves many risks, dangers and hazards, which could gers and hazards include, but are not limited to: • Advice: negligent advice regarding fitness programs. • My conduct and conduct of other persons, including NEGLIGENCE ON THE PART OF GPRC, may increase the risk of damage, loss, personal injury or death. I understand that GPRC may fail to safeguard or protect me from the risks, dangers and hazards of the fitness programs, some of which are referred to above.
part	ticipate in fitness		derstanding such risks, dangers and hazards, I wish to D FULLY ASSUME all such risks, dangers and hazards and the therefrom.
PFI	FASE OF LIARI	ILITY, WAIVER OF CLAIMS AND INDEMNITY AG	REEMENT
			and permitting my use of their equipment, facilities and
	vices, I hereby ag		and permitting my use of their equipment, facilities and
	TO WAIVE ANY AND ALL CLAIMS that I have or may in the future have against GPRC AND TO RELEASE GPRC from any and all liability for any loss, damage, expense or injury including death that I may suffer or that my next-of-kin may suffer as a result o my participation in fitness programs DUE TO ANY CAUSE WHATSOEVER, including but not limited to:		
	 breach of wa design, man or adjustme 	on the part of GPRC; arranty on the part of GPRC in respect of the nufacture, selection, installation, maintenance ent of equipment; ny statutory or other duty of care, on the part of	 the failure on the part of GPRC to safeguard or protect me from the risks, dangers and hazards of fitness programs, some of which are referred to in the Assumption of Risks sections of this Agreement.
2.	TO HOLD HARMLESS AND INDEMNIFY GPRC from any and all liability for any damage, loss, expense or injury to any third party resulting from my participation in fitness programs		
3.	This Agreement shall be effective and binding upon my heirs, next-of-kin, executors, administrators, assigns and representatives, in the event of metals of the death or incapacity.		
4.	SAFETY: I am familiar with the proper use of the equipment. I am aware that GPRC staff are available to answer any questions with regard to the proper use of the equipment. I am not relying on any oral, visual or written representations or statements made by GPRC with respect to the safety of fitness programs other than what is set forth in this Agreement.		
5.	INSURANCE: I am aware that GPRC does not provide me with any disability, accident, liability or medical insurance or compensation, should I become injured or cause personal injury or property damage to any third party while participating in fitness programs.		
6.	JURISDICTION: This Agreement and any rights, duties and obligations as between the parties to this Agreement shall be governed by and interpreted solely in accordance with the laws of the Province of Alberta		
Sig	gnature of Participa	nt:	
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Signature of Parent/Legal
Guardian if under 18 years:

Print Name of Parent/Legal
Guardian:

Personal information on this form is collected under Alberta's Freedom of Information and Protection of Privacy Act and will be used for the purpose of implementing this Agreement. Questions about this collection may be directed to the Information and Privacy Coordinator by calling 780-539-2068.

Date

Be fit.

Be healthy.

Be well.

