

Town of Vegreville Recreation Centre **ADULT Programs Waiver/Release Form**

Participant Information *(Must be completed prior to program start date.)*

Date:	
Program or Course ID:	
First and Last Name:	
Address:	
Telephone Number:	
Emergency Contact Name:	
Emergency Contact Telephone Number:	

PARTICIPATION GUIDELINES:

Payment and Cancellation

I acknowledge that payment for the adult program(s) occurs prior to program participation. I understand that any payment made is non-refundable and could be credited on a case-by-case basis with Guest Services at the Recreation Centre.

PAR-Q+

I have read, understood and completed the Physical Activity Readiness Questionnaire and answered NO to all the questions or received clearance to participate from a healthcare provider.

Instructed Programs

I acknowledge my responsibility to immediately inform the instructor of any pain, discomfort, fatigue, or other symptoms I may experience before, during, or after a fitness session. I understand that I have the right to stop or pause physical activity at any time, and the instructor may also end the activity if they notice any signs of undue distress or abnormal responses. I recognize that I can ask questions or request further clarification about any activities or procedures at any point, whether before, during, or after the fitness session. Additionally, I understand that my instructor(s) may use touch training to help correct my alignment or to focus my attention on specific muscle areas. If I feel uncomfortable or experience any discomfort with touch, I will promptly request that the instructor(s) discontinue its use.

ASSUMPTION OF RISK:

I acknowledge that I am voluntarily participating in the adult program(s) provided by the Town of Vegreville. I understand that physical exercise, by its very nature, carries with it certain inherent risks, including but not limited to physical injury, strain, discomfort and even the possibility of serious injury or death. I hereby assume all risks and responsibility for any such injuries or other medical incidents.

WAIVER AND RELEASE:

I hereby release, waive, discharge and agree not to sue the provider, its employee's, representatives, affiliates, or agents from any claims, demands, liabilities, rights, damages, expenses, and causes of action of any nature arising out of or in connection with my participation in the adult program(s) caused by negligence of the provider or otherwise.

MEDICAL REPRESENTATION:

I represent that I am physically fit to participate in the adult program(s) and have no medical condition that would prevent my safe participation. If I have any medical conditions or concerns, I have consulted with a healthcare provider and obtained clearance to participate.

CONSENT TO MEDICAL TREATMENT:

I hereby consent to receive any necessary medical treatment resulting from my participation in the adult program(s) and agree to bear all costs associated with such treatment.

PHOTOGRAPHY AND VIDEO RELEASE (OPTIONAL):

I hereby grant permission to the provider to take and use photographs and videos of me for promotional purposes without compensation.

Agree

Disagree

ACKNOWLEDGEMENT:

I have read this waiver/release form, understood its contents, and agree to be bound by its terms. I hereby acknowledge and understand that participation in the adult program(s) and related activities by the Town of Vegreville involves certain risks and potential dangers. By signing this waiver/release form, I voluntarily agree to participate and assume all risks associated with my participation.

Name and Signature of Participant

Name and Signature of Staff Witness

Date

Date