



**PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK  
Community Gym and Community Programs:**

1. SEGCHC prides itself on offering various programs to its participants. By signing this form, I acknowledge that there are inherent risks in participating in these programs offered by SEGCHC.
2. For this reason, I agree to accept and assume all of the risks involved with this activity, and I release SEGCHC from any actions, suits, and claims of any nature that I have or may have by reason of injury, damage, or loss to me arising from my participating in SEGCHC's programs. My participation in this activity is purely voluntary, and I choose to participate despite any risks.
3. I have completed the GAQ (Get Active Questionnaire) and understand that SEGCHC recommends that I consult with my doctor or primary care practitioner if I have answered "Yes" to any of the questions. SEGCHC recommends that everyone consult with their primary care practitioner before starting a new physical activity program including using any of the fitness equipment at SEGCHC or attending any of the community programs at SEGCHC involving physical activity.
4. I indemnify and save harmless SEGCHC from any claims, demands, or actions of any nature (including legal costs) which are in any way connected with my participation in SEGCHC's activities and programs or my use of SEGCHC equipment or facilities, **including any such claims which allege negligent acts or omissions of SEGCHC.**
5. If my intention is to access the gym space, I will have read and understand the **Community Gym Code of Conduct**. I will adhere to the safety guidelines put in place. If at any time, I as a participant have questions or concerns, I will contact the SEGCHC directly.
6. This document shall be binding upon me as well as my heirs, executors, estate trustees, administrators, successors, and assigns.
7. By signing this document, I understand that certain legal rights which I may have against SEGCHC will be waived. I have had sufficient time to read and I confirm that I understand the document. I have also been provided with the option of obtaining independent legal advice prior to signing this document.
8. The SEGCHC will continue to adhere to regulations set forth by Health Canada and the local District Health Unit as they pertain to indoor gym space and community fitness programs. SEGCHC will contact participants if there are additional requirements set out by provincial regulations. Refusal to do so will void this agreement and result in a suspension of access to the gym/community program.

**By signing below, I agree to be bound by the terms of this document.**

Print Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Allergies/Medical Conditions \_\_\_\_\_

Emergency Contact Name and Phone Number \_\_\_\_\_

Signature of participant (Parent/Guardian if Under 16) \_\_\_\_\_

Print Parent/Guardian Name if applicable \_\_\_\_\_

Date \_\_\_\_\_

Type of Fitness Program(s) interested in : \_\_\_\_\_