

‘RAINCITY ATHLETICS INC.’ WAIVER

*This waiver must be signed before completing any activities at Raincity Athletics.
For questions, comments, or concerns please contact info@raincityathletics.ca*

ACKNOWLEDGEMENT AND ASSUMPTION OF RISK

HEALTH NOTES: If you smoke or drink, take prescription medications, have pre existing injuries, restrictions in movement or physical issues that may be worsened by exercise, by signing this release you are confirming that you have been cleared by a Physiotherapist or appropriate Physician for high intensity exercise. If not, please talk to a staff member.

I UNDERSTAND AND AGREE that there is potential risk for injury involved in the training and participation of any physical activity. I further understand and agree that participating in the type of physical training provided by **Raincity Athletics Inc.** is a potentially dangerous activity. Bumps, bruises, scrapes, scratches and soreness are commonplace, and most participants will encounter this sort of minor injury from time to time. More serious injuries are possible, including sprains, strains, twists, cramps, and injuries of similar magnitude. The possibility of more serious injury exists, including fractured bones, broken bones, torn ligaments, though most participants do not encounter such serious injuries. There remains, despite safety precautions, the remote possibility of crippling or death.

I FREELY ACCEPT AND FULLY ACKNOWLEDGE all such risks, dangers and hazards, resulting from my participation in any training or event hosted or sponsored by **Raincity Athletics Inc.**

I am also aware that I should discuss my participation in this activity with my physician to determine the effect on my current health.

It is my right and responsibility as a participant to immediately remove myself from participation in the training and notify the nearest coach, if at any time I sense any unusual hazard or unsafe condition or if I feel that I am physically, emotionally, or mentally unfit for continued participation in the training.

I have read and understand the above statement of risk. I assume responsibility for my own safety, and I understand and accept the risks involved with my participation.

PHOTO/VIDEO RELEASE: Participants involved in any activities offered by Raincity Athletics Inc. may be photographed or videotaped during training. The undersigned hereby consents to the use of these photographs and/or videos without compensation, on the Raincity Athletics website or in any editorial, promotional or advertising material produced and/or published by Raincity Athletics. ***If you have concern over any published media please do not hesitate to contact Raincity Athletics to discuss having it removed.***

I hereby agree and acknowledge that Raincity Athletics Inc. video and audio records activities occurring at its premises [other than washroom facilities and changing rooms] for the purpose of maintaining a safe and secure premises and resolving any disputes that may arise from Raincity Athletics Inc.'s place of business. I hereby authorize Raincity Athletics Inc. to video and audio record activities occurring at the Raincity Athletics gym

[other than washrooms facilities and changing rooms] and save such recordings for certain periods of time for the foregoing purposes.

PHYSICAL ACTIVITY AND READINESS QUESTIONNAIRE (PAR-Q)

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
2. Do you feel pain in your chest when you do physical activity?
3. In the past month, have you had chest pain when you were not doing physical activity?
4. Do you lose your balance because of dizziness or do you ever lose consciousness?
5. Do you have a bone or joint problem (for example: neck, shoulder, back, knee, or hip) that could be made worse by a change in your physical activity?
6. Is your doctor currently prescribing drugs for your blood pressure, cholesterol or heart condition?
7. Do you know of any other reason why you should not do physical activity?

By signing this document you acknowledge that you do not answer 'YES' to any of the above questions. If you do, please notify your coach or trainer immediately before taking part in physical activity.

RELEASE OF LIABILITY, WAIVER OF CLAIMS, AND INDEMNITY AGREEMENT

I hereby agree as follows:

TO WAIVE ANY AND ALL CLAIMS that I have or may in the future have against **Raincity Athletics Inc.**, its coaches, officials, members, agents, directors, officers, employees and representatives, and other participants (all of whom are hereinafter collectively referred to as "Releasees") in connection with my participation in any training or event hosted or sponsored by **Raincity Athletics Inc.**

I HAVE READ, understood and agree with the statements in the **ACKNOWLEDGEMENT AND ASSUMPTION OF RISK** portion of this document, and by assuming and acknowledging this risk, I completely absolve all **RELEASEES** from any and all liability for loss, damage, injury or expense that I may suffer, that a third party may suffer, or that my next of kin may suffer as a result of my participation in any of the activities and/or programs offered by the Releasees, **DUE TO ANY CAUSE WHATSOEVER**. I acknowledge my responsibility to ensure adequate medical personal health, dental and accident insurance coverage, as well as protection of my personal possessions.

IN ENTERING INTO THIS AGREEMENT I am not relying upon any oral or written representations or statements made by the Releasees other than what is set forth in this agreement.

I HAVE READ AND UNDERSTOOD THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS OR ASSIGNS MAY HAVE AGAINST THE RELEASEE.

PRINTED NAME: _____ DATE: _____

SIGNATURE: _____