



# Athletic Edge Camp Registration Form and Participant Information

<b>Participant Full Name</b>		
<b>Age</b>		
<b>Parent/Guardian Full Name</b>	<b>Relationship to Participant:</b>	<b>Phone number:</b>
<b>Parent/Guardian Full Name</b>	<b>Relationship to Participant:</b>	<b>Phone number:</b>
<b>Emergency Contact (if different from above)</b>	<b>Relationship to Participant:</b>	<b>Phone number:</b>
<p>Please let us know if your child has a medical condition, allergies, disability or any specific needs that staff should be aware of:</p>  <p>*Medication MUST be in original container with a label indicating the type of medication, dosage, participants and physicians name/contact*</p>		
<p><b>Child pick up information:</b>          To ensure your child's safety, children need to be signed in and out of our care on a daily basis. Unless otherwise indicated below, your child will only be released to those listed at the top of this form.</p> <p>Other family members or friends, as indicated below, may pick-up my child (ID may be required):  <b>Name(s):</b> _____</p> <p><input type="checkbox"/> My child is allowed to sign him/herself out at the end of the program. (Must be at least 9 years old). Once signed out from the camp, we "release care" of that child and are no longer responsible for his/her welfare.</p>		
<p><b>Parent/Guardian Signature:</b></p>  <p><b>Date:</b></p>		

**PLEASE RETURN THIS COMPLETED FORM AND WAIVER BY THE FIRST DAY OF CAMP.**

**WAIVER FORM ATTACHED- SEE PAGE TWO- MUST BE FILLED OUT BY THE FIRST DAY OF CAMP.**

# Athletic Edge



**RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT (hereinafter “The Release Agreement”) BY SIGNING THIS YOU WILL WAIVER CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. PLEASE READ CAREFULLY**

THE ACTIVITIES REFERRED TO IN THIS RELEASE AGREEMENT INVOLVE RISKS, DANGERS AND HAZARDS INCLUDING RISK OF DAMAGE, LOSS, PERSONAL INJURY AND DEATH. THESE RISKS, DANGERS AND HAZARDS ARE MORE FULLY DESCRIBED ON THE FOLLOWING PAGES. ALL PARTICIPANTS IN THESE ACTIVITIES ARE REQUIRED TO SIGN THIS RELEASE AGREEMENT WHICH IS INTENDED TO PREVENT PARTICIPANTS FROM SUIING IN THE EVENT OF AN ACCIDENT. PLEASE TAKE THE TIME TO REVIEW THIS DOCUMENT CAREFULLY

Last Name..... First Name.....

Street.....

City..... Province.....

Postal Code.....

Birth Day..... m/d/y

Telephone Number (include area code).....

Email Address.....

**TO: ATHLETIC EDGE (the “OPERATOR”) and THE MANUFACTURERS AND DISTRIBUTORS OF THE EQUIPMENT USED IN FITNESS PROGRAMS, and their respective directors, officers, agents, representatives, employees, volunteers, independent contractors, subcontractors, sponsors, successors and assigns (collectively the “RELEASEES”)**

**DEFINITIONS**

In this agreement the term “fitness programs” shall include all activities, programs, events classes, and services provided, sponsored or organized by the Operator including but not limited to : yoga; pilates; aerobics; aquafit; dance; ballet; weight training; personal training; tennis; squash; racquetball; use of aquatic facilities including swimming pool, whirlpool, Jacuzzi and sauna; use of strength training and fitness conditioning equipment, machines and facilities; nutritional and dietary programs; orientation or instructional sessions or lessons; and all other such related activities.

**ASSUMPTION OF RISKS**

I am aware that my participation in fitness programs involves many risks, dangers and hazards, which could result in damage, loss or physical injury to me. Some of these risks, dangers and hazards include, but are not limited to:

- \*Health: overexertion, dehydration, fatigue, lack of fitness or conditioning.
  - \*Premises: defective, dangerous or unsafe condition of the facilities; falls; collisions with objects, equipment or persons.
  - \*Use of Equipment: mechanical failure of the equipment; negligent design or manufacture of the equipment; the provision of or the failure by the Releasees to provide any warnings, directions, instructions or guidance as to the use of the equipment; failure to use or operate the equipment within my own ability.
  - \*Advice: negligent advice regarding fitness programs.
  - \*My conduct and conduct of other persons, including NEGLIGENCE ON THE PART OF THE RELEASEES, may increase the risk of damage, loss, personal injury or death. I understand that the Releasees may fail to safeguard or protect me from the risks, dangers and hazards of the fitness programs, some of which are referred to above.
- Despite the risks, dangers and hazards of the fitness programs, and fully understanding such risks, dangers and hazards, I wish to participate in fitness programs with the Operator, and I FREELY ACCEPT AND FULLY ASSUME all such risks, dangers and hazards of the possibility of personal injury, death, property damage and loss resulting there from.

**RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT**

In consideration of the Releasees allowing me to participate in fitness programs and permitting my use of their equipment, facilities and services, I hereby agree as follows:

1. **TO WAIVE ANY AN ALL CLAIMS** that I have or may in the future have against THE RELEASEES **AND TO RELEASE THE RELEASEES** 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 of my participation in fitness programs **DUE TO ANY CAUSE WHATSOEVER**, including but not limited to:
  - \*negligence on the part of the Releasees;
  - \*breach of contract by the Releasees;
  - \*breach of warranty on the part of the Releasees in respect of the design, manufacture, selection, installation, maintenance or adjustment of equipment;
  - \*breach of any statutory or other or other duty of care including the duty of care owed under the Occupiers Liability Act, R.S.A. 2000, c. 0-4, on the part of the Releasees; and
  - \*the failure on the part of the Releasees 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 THE RELEASEES** 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 my death or incapacity.

**SAFETY:** I am familiar with the proper use of the equipment. I am aware that there are fitness instructors and staff available to answer any questions I may have as to the proper use of the equipment. In entering into this agreement I am not relying on any oral, visual or written representation or statements made by the Releasees with respect to the safety of fitness programs other than what is set forth in this Agreement.

**INSURANCE:** I am aware that the Releasees do 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.

**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, and I agree to attorn solely to the jurisdiction of the Courts of the Province of Alberta. Any litigation involving the parties to the Agreement shall be brought solely within the Province of Alberta and shall be within the exclusive jurisdiction of the court of the Province of Alberta.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Staff Witness \_\_\_\_\_