



Charleswood Active Living Centre

MEMBERSHIP FORM

Fee: \$35 Renewal New

Name _____

Address _____

City _____ Prov _____ Postal Code _____

Phone (H) _____ Phone (C) _____ Email: _____

Birth Date _____

Health Conditions/Allergies _____

Emergency Contact _____

Relationship _____ Phone Number _____

In consideration of my acceptance as a member, participant, and/or volunteer of the Centre I do hold harmless the Centre, its Directors and officers and the personnel engaged in or volunteering to conduct the Centre's activities, from any and all liability for any claim, demand, suits or clauses of action growing out of or in any way attributable to any injuries, including death, damage or loss to me whatsoever, arising out of or connected with the Centre's property or facilities.

I hereby understand and acknowledge that the fitness classes, programs, and events held by the CALC may expose me to many inherent risks, including accidents, injury, illness or even death. I assume all risk of injuries associated with participation including but not limited to falls, contact with other participants, the effects of the weather including high heat and/or humidity, and all other such risks being known and appreciated by me.

I hereby acknowledge my responsibility in communicating any physical and psychological concerns that might conflict with participation in activity. I acknowledge that I am physically fit and mentally capable of performing the physical activity I choose to participate in.

By signing this form I acknowledge that I have read, understand and accept this Waiver of Liability.

Signature _____ Date _____