



## Consent & Release

I, (Full Name)

Age

Of (Address)

Acknowledges as follows:

1. I have applied to participate in;
  - A prescribed exercise program offered by the False Creek Community Centre.
  - A program of fitness testing offered by the False Creek Community Centre.
2. I have completed the "Physical Activity Readiness Questionnaire (PAR-Q)" and
  - Have truthfully answered all questions with a "NO"

OR

- Have answered one or more questions with a "YES", and I am attaching to this document a letter from my physician consenting to my participation in the program.
3. I have been informed and fully understand that the participation in the program may involve certain risks to me and I agree to accept those risks.

I therefore give my consent to the False Creek Community Centre, the Board of Parks and Recreation, and its employees and authorized agents to perform the following procedures:

- A. Anthropometric measurements: girth and skinfolds
- B. Cardiorespiratory tests
- C. Flexibility tests
- D. Strength and muscular endurance
- E. Other – please specify \_\_\_\_\_

I waive any and all claims against the False Creek Community Centre, the City of Vancouver, the Board of Parks and Recreation, and their employees and authorized agents and release and discharge them, their successors and assigns, from any and all actions, causes of action, claims and demands which may arise in consequence of my participation in the Fitness Centre program irrespective of whether my death or injuries to me resulted from negligence by the aforesaid parties. This waiver and release is binding on my estate and my heirs.

Signed in Vancouver, BC this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature also of parent or guardian, if necessary