

# Registration Pumped for Life



Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_

What school do you go to? \_\_\_\_\_

Fitness / Athletic Experience: \_\_\_\_\_

Physical Limitations (if applicable): \_\_\_\_\_

Parent / Guardian Name (please print): \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Method of Payment:    **Credit Card**                      **Debit**                      **Cash**                      **Cheque**

**Waiver of Liability:** I fully understand and acknowledge the following: I hereby assume all risks and responsibility for any losses or damage to my person, property, or minor dependents. I, on behalf of myself, my successors, executors, trustees, administrators and assigns hereby voluntarily agree to release and forever discharge The Heritage Community Fitness Centre Inc. ("Heritage Fitness") and its representatives, affiliates, officers, agents, employees, successors and assigns from any and all claims or actions for bodily injury, property damage, death, loss of services or otherwise which may arise out of my use of any equipment or participation in any fitness activities or other services provided by Heritage Fitness including but not limited to the Collaborative Care Centre and parking other than that caused by the willful actions or gross negligence of Heritage Fitness or its employees.

Parent / Guardian Signature: \_\_\_\_\_

## Consent to use photographic, video and audio recordings

**I UNDERSTAND** that the photographs, videos or audio recordings of my child may be taken and circulated widely and that, if posted on the **Heritage Fitness website or social media**, in its online searchable image bank or on any other websites, they will be available to the public. I also understand that the Fitness Centre has no control over, and is not responsible for, the use or misuse of materials available on its website, including any photographs, videos or audio recordings of me.

**FOR THE PURPOSE STATED ABOVE, I CONSENT** that my child to be photographed, video recorded and audio recorded by the Heritage Community Fitness & Rehabilitation Centre or its authorized representatives.

**I ALSO GIVE PERMISSION** to the Heritage Community Fitness & Rehabilitation Centre, to its representatives and to users of the Fitness Centre's online searchable image bank to use, reproduce, publish, transmit, distribute, broadcast and display photographs, videos or audio recordings that contain my image or voice, with or without my name associated with them. In any current or future Fitness Centre material, publications, multimedia productions, video, displays, advertisements and on the Fitness Centre's website, social media website and other current or future media, without further notice to me or without my approval of the finished photographs, videos or audio recordings.

**I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND** this consent form.

Signature of parent/guardian

Print name

Date