



**MUNICIPAL INSURANCE ASSOCIATION
OF BRITISH COLUMBIA**

RELEASE OF LIABILITY, WAIVER AND ASSUMPTION OF ALL RISKS

Cache Creek Fitness Centre

PLEASE READ CAREFULLY

TO: Village of Cache Creek

I wish to use the Cache Creek Fitness Centre and acknowledge that in order to do so, I must agree to be bound by this Release of Liability, Waiver and Assumption of Risk. I understand and acknowledge the risks and hazards of use of the Cache Creek Fitness Centre and accept full responsibility and agree to use the Cache Creek Fitness Centre at my own risk.

I hereby waive any and all claims that I may now and in the future have against, and release from all liability and agree not to sue the Village of Cache Creek and their respective agents, officers, employees, volunteers or representatives (the "Released Parties") for any loss, damage, personal or bodily injury, death sustained or suffered by me as a result of my use of the Cache Creek Fitness Centre due to any cause whatsoever, including without limitation, negligence, fault or breach of statutory duty, including duties arising from *Occupiers Liability Act*.

In no event will the Village of Cache Creek be liable for any loss, damage, personal or bodily injury or death nor for any loss of or damage (including indirect or consequential damages) that I suffer whether attributable to or arising out of my use of the Cache Creek Fitness Centre or by reason of any matter or thing done or permitted.

I confirm that I am the age of majority and that I have read and understand this agreement prior to signing it and agree that this agreement will be binding upon me, my heirs, executors and administrators.

Signed this ____ day of _____, 2019 at _____, British Columbia.

Participant's signature

Participant's Printed Name

CACHE CREEK FITNESS CENTRE RULES

Please wear **appropriate exercise attire** at all times. Shorts with no less than a 1 1/2 inch inseam and a shirt **must be** worn to cover the upper body; proper athletic shoes are also required. Casual clothing is **NOT** allowed. No jeans, jean shorts, or any article of clothing with zippers or rivets. No open-toed shoes, open-backed shoes, boots, sandals, or casual shoes are allowed. Failure to dress properly will result in suspension of membership.

Please **do not disrupt** or interfere in another member's workout.

Horseplay, profanity, racist or sexist comments will NOT be tolerated in the Cache Creek Fitness Centre

Please **observe proper personal hygiene** by showering regularly, wearing clean clothing and using deodorant.

Please wipe down all equipment after use. **Members must bring their own towels**; the Cache Creek Fitness Centre does not provide them.

Eating or drinking inside the Fitness Centre is **not permitted**. Except water bottles in capped bottle.

Dumbbells and weight plates cannot be dropped on floor.

Report all equipment malfunctions and specific concerns as soon as possible to the Village Office; in the case of a malfunction you feel may create an injury hazard, please call the Village Office immediately.

Please **NO** use of chalk or other powders or scents.

Intoxicating substances, smoking and chewing tobacco are prohibited in the Fitness Centre.

One membership key tag per member; **DO NOT** give, lend or rent this FOB to anyone.

Members who participate at the Cache Creek Fitness Centre will be doing so at their *own risk*. The Cache Creek Fitness Centre is **not responsible for any injury** that may occur to individuals participating in any exercise activity. Participation in exercise activity is on a voluntary basis.

All members should consult their physician before beginning **ANY** exercise program.

I, _____ agree to abide by all rules and guidelines listed above, and understand that failure to do so may result in the suspension/cancellation of my Fitness Centre membership and all associated privileges.

Member Signature

Date Signed

Village Representative Signature

Date Signed

Cache Creek Fitness Centre Membership Application

Application Date: _____ Key Tag #: _____

Membership Type (Circle One): Adult Youth (consent form required)

First Name: _____ Last Name: _____

Birthdate (MM/DD): _____

Street Address: _____

PO Box #: _____ City: _____ Province: _____

Contact Phone: _____

Email Address: _____

Emergency Contact

First Name: _____ Last Name: _____

Contact Phone: _____

Signature of Member or Parent/Guardian (if under 18)

Signature of Village Representative

Always consult your physician before beginning any exercise program

This document and signatures have no expiry date and apply to the member for the entire duration of their membership. Failure to comply with the policies and standards of the Fitness Centre may permit the Village to revoke the membership agreement/privileges without notice or restitution to the member.

Please read and sign the **CACHE CREEK FITNESS CENTRE RULES** and the **RELEASE OF LIABILITY, WAIVER AND ASSUMPTION OF ALL RISKS** documents as each member is responsible to understand and follow the rules and requirements of being a member. We appreciate your collaboration in making the Cache Creek Fitness Centre an enjoyable place to work out!

PARENTAL CONSENT FORM

To: The Village of Cache Creek

Re.: Cache Creek Fitness Centre

Date: _____

Name of Child: _____ Date of Birth: _____

I consent to my child's use of the Fitness Centre. I am aware that there are risks associated with use of the Fitness Centre, including the risk of injury, and I consent to my child's use in spite of such risks.

I acknowledge that it is my responsibility to advise the City of any medical or other conditions which may affect my child's safe use of Fitness Centre equipment and have listed them below:

Medical Conditions (eg. asthma) _____

Medications _____

Allergies (food, medications, etc.) _____

In the event that my child requires medical attention, I consent to my child being transported to the nearest emergency centre, including by ambulance if necessary.

I have read this Consent Form and understand and accept its terms.

Parent's Signature

Witness' Signature

Parent's Name (please print)

Witness Name (please print)

Date

Emergency Contact Information

Alternate contact:

Parent/Guardian Name

Name

Telephone

Telephone

Cellular Phone

Cellular phone