

NEWTON COMMUNITY LEAGUE

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Fitness Program Registration Package

MEMBERSHIP YEAR: _____

SESSION: FALL WINTER SPRING

PROGRAM: NORDIC WALKING Mondays 6:30 – 7:30pm
 PILATES Mondays 7:45 – 8:30pm
 YOGA Thursdays 6:30 – 7:30pm

Full Name: _____

Newton Community League Membership Number: _____

Parent's Name (if under 18): _____

Address: _____

City: _____ Province: _____ Postal code: _____

Phone number: _____ Email: _____

Emergency Contact: _____ Phone: _____

Is there anything else you would like your instructor to be aware of:

Please submit completed Registration Package, including the following PAR-Q+, Informed Consent & Waiver, and optional Media Release, to your instructor by e-mail one week prior to participating in the first class. Thank-you!

Physical Activity Readiness Questionnaire for Everyone (PAR-Q+):

Please go to: <http://eparmedx.com> and follow either step 1) **or** 2) below:

1) complete the **online version of the PAR-Q+ Questionnaire** and PRINT and SIGN the FINAL page

-OR-

2) PRINT and complete **the 4 Page paper version of the PAR-Q+ Questionnaire** complete and SIGN

Informed Consent and Waiver:

Purpose and Explanation of Service:

I understand that the purpose of the exercise program is to develop and maintain cardiorespiratory fitness, body composition, flexibility, muscular strength and endurance. A specific exercise plan will be given to me, based on my needs and abilities. All exercise prescription components will comply with proper exercise program protocols. The programs include, but are not limited to, aerobic exercise, flexibility training, and strength training. All programs are designed to place a gradually increasing workload on the body in order to improve overall fitness.

Risks: I understand, and have been informed, that there exists the possibility of adverse changes when engaging in a physical activity program. I have been informed that these changes could include abnormal blood pressure, fainting, disorders of heart rhythm, stroke and very rare instances of heart attack or even death. I have been told that every effort will be made to minimize these occurrences by proper screening and by precautions and observations taken during the exercise session. I understand that there is a risk of injury, heart attack, or even death as a result of my participation in an exercise program, but knowing those risks, it is my desire to partake in the recommended activities.

Benefits: I understand that participation in an exercise program has many health related benefits. These may include improvements in body composition, range of motion, musculoskeletal strength and endurance, and cardiorespiratory efficiency. Furthermore, regular exercise can improve blood pressure and lipid profile, metabolic function, and decrease the risk of cardiovascular disease.

Physiological Experience: I have been informed that during my participation in the exercise program I will be asked to complete physical activities that may elicit physiological responses/symptoms that include, but are not limited to, the following: elevated heart rate, elevated blood pressure, sweating, fatigue, increased respiration, muscle soreness, cramping, and nausea.

Confidentiality and Use of Information: I have been informed that the information obtained in the exercise program will be treated as privileged and confidential and will consequently not be released or revealed to any person without my express written consent. Any other information obtained, however, will be used only by the Service Provider to evaluate my exercise status as needed.

E-Communications: I acknowledge that I have been informed of and fully understand the risks, limitations, conditions of use, and instructions for use of electronic communications. I have been informed that these risks could include, but are not limited to, disruptions in service, interception of communications without approval, and unwanted storage of information by an outside source. I understand and accept the risks associated with the use of the electronic communications with the Service Provider. I consent to the conditions and will follow the instructions that were outlined, as well as any other conditions that the Service Provider may impose regarding electronic communications with clients. I acknowledge and agree to communicate with the Service Provider using these electronic communications with a full understanding of the risks in doing so.

Inquiries and Freedom of Consent: I have been given an opportunity to ask questions about the exercise program. I further understand that there are also other remote health risks. Despite the fact that a complete accounting of all

these remote risks has not been provided to me, I still desire to proceed with the exercise program for which I have registered at NEWTON COMMUNITY LEAGUE.

Emergency Services: In case of emergency, I agree to allow emergency medical assistance and I am aware that I am financially responsible for any medical services.

Release of Liability and Assumption of Risk: I recognize that fitness activities, such as those offered by Newton Community League, require physical exertion that may be strenuous and may cause injury. I am fully aware of the risks and hazards involved and am participating at my own risk. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in physical activity. I represent and warrant that I am physically fit and have no medical condition that would prevent my full participation in these classes. I will notify the instructor(s) of any such conditions in writing prior to participating in this program. I hereby waive and release, discharge, hold harmless and/or otherwise indemnify, the service providers, employees, volunteers, contractors or directors, and Newton Community League from any and against all claims of liability, including accidents, injury or damages while participating in this program either virtually, or on, or about the premises of Newton Community League, or elsewhere in the neighbourhood or City of Edmonton. I fully understand the terms and conditions of this release of liability and assumption of risk agreement. I acknowledge that I have read this document in its entirety or that it has been read to me if I was unable to read. I consent to the rendition of all services and procedures as explained herein by the Service Provider and sign it freely and voluntarily without any inducement.

Date: _____

Participant's Signature: _____ (or parent's signature if under 18)

Witness's Signature: _____

Service Provider's Signature: _____

Media Release (Optional):

I, the undersigned, hereby grant permission for the program instructor(s) to take photographs during the NEWTON COMMUNITY LEAGUE program in which I am participating and to use this material in whole or in part for promotional purposes. I understand the material will remain the property of the instructor(s), and I further waive any claim to remuneration for material used for these purposes.

Date: _____

Participant's Signature: _____ (or parent's signature if under 18)

Witness's Signature: _____

Service Provider's Signature: _____