

## FITNESS & WELLNESS PROGRAM REGISTRATION

**PRE-REGISTRATION IS REQUIRED FOR ALL COURSES. FULL PAYMENT IS DUE AT THE TIME OF REGISTRATION. YOU WILL RECEIVE A RECEIPT & CONFIRMATION OF REGISTRATION BY MAIL WHEN REGISTERING BY MAIL.**

**Register in Person:**

Complete this registration form and waiver of claim and submit with full payment to:

**Alfred Jenkins Field House,**  
 2787 – 10<sup>th</sup> Avenue West

Hours of Operation

Daily from 6:00 AM to 11:00 PM (Sep - April)  
 Monday to Friday 7:00 AM to 9:00 PM and Saturday and  
 Sunday 7:00 am to 7:00 pm (May to August)  
 Statutory Holidays: 12:00 pm to 6:00 pm

**Register by Mail:**

Complete this registration form and waiver of claim, enclose a cheque or money order payable to the City of Prince Albert for the full registration fee(s) and mail to:

**Fitness & Wellness Registrations**

C/O Alfred Jenkins Field House  
 1084 Central Avenue  
 Prince Albert, SK S6V 7P3

**PARTICIPANT INFORMATION**

Last Name			First Name	M / F	DOB (MM/DD/YYYY) / /
Address			City	Postal Code	
Home Phone	Business Phone	Cell Phone	Email Address		

**\*Email and Date of Birth necessary to create an online account with the Community Service Department, Recreation Division**

**PARENT OR LEGAL GUARDIAN INFORMATION – If the participant is under the age of eighteen (18)**

Last Name			First Name	M / F	DOB (MM/DD/YYYY) / /
Address			City	Postal Code	
Home Phone	Business Phone	Cell Phone	Relationship to the participant		

**PROGRAM / COURSE / ACTIVITY INFORMATION**

Program or Course Name			Course Code (4 digit # in the advertised class description)		
Start Date	End Date	Start Time	End Time	Registration Fee	

**HOW DID YOU HEAR ABOUT US – Please check all that apply**

- |                                       |  |                                   |  |                                      |
|---------------------------------------|--|-----------------------------------|--|--------------------------------------|
| <input type="checkbox"/> City Website | <input type="checkbox"/> E-mail Newsletter | <input type="checkbox"/> Radio AD | <input type="checkbox"/> Newspaper AD  | <input type="checkbox"/> TV AD       |
| <input type="checkbox"/> Brochure     | <input type="checkbox"/> Billboard         | <input type="checkbox"/> Poster   | <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Other _____ |

**ASSUMPTION OF RISK, RELEASE AND WAIVER OF CLAIM**

**This Assumption of Risk, Release and Wavier of Claim will affect your legal rights. Please read carefully before signing.** Every program participant is required to read, understand and sign this Assumption of Risk, Release and Wavier of Claim. A parent or legal guardian is required to sign on behalf of participants under the age of eighteen (18).

I, \_\_\_\_\_ the participant or parent / legal guardian of \_\_\_\_\_,  
*Adult Participant OR Parent / Guardian Name (Print)* *Youth Participant Name (Print)*

hereby acknowledge and agree that in consideration of my participation or the participation of the youth participant for whom I act as guardian in the Fitness & Wellness Program / Course / Activity offered by the City of Prince Albert, indicated on Page 1 of this document (the "program") that:

- A.) The activities carried on under the program may include but are not limited to usage of cardio fitness & weight lifting machines, use of the climbing wall and all associated equipment, use of the gymnasium and all associated equipment, participation in instructed group fitness classes and use of all associated equipment, and use of the walking track. I understand I will be required to sign an additional waiver of claim specific to the use of the climbing wall if the activities of the program include use of the climbing wall;
- B.) There are significant inherent risks involved in the activities carried on under the program with the potential to result in serious injury, permanent disability or death. I have full knowledge of the nature and extent of all the risks associated with the activities carried on under the program including any manner of injury resulting from any event, condition or failure of the equipment provided by the City of Prince Albert or the Alfred Jenkins Field House and associated facilities as well as health risks, including but not limited to muscle strains, abrasions, bruises, cuts, cramps, light headedness, fainting, nausea, joint strain, broken bones, increased blood pressure, abnormal heart rate, chest pain, heart attack, stroke, and death;
- C.) I acknowledge that the City of Prince Albert is not warranting my safety or the safety of the youth participant for whom I act as guardian;
- D.) I am sufficiently informed to represent to the City of Prince Albert that I or the youth participant for whom I act as legal guardian do/does not suffer from or experience any condition that may affect my or his/her ability to safely participate in the activities carried on under the program. I also acknowledge and agree that the City of Prince Albert reserves the right to require a medical certificate in respect to the ability of any person to participate in the activities carried on under the program;
- E.) I acknowledge that the City of Prince Albert would not permit me or the youth participant for whom I act as guardian to participate unless I signed this Assumption of Risk, Release and Wavier of Claim and agreed to comply with the terms, conditions, rules and regulations as set out by the City of Prince Albert. I acknowledge that this Assumption of Risk, Release and Wavier of Claim is for the benefit of the City of Prince Albert, its employees, agents and officers;
- F.) I do hereby and forever release and hold harmless from liability the City of Prince Albert and any employees, agents, or officers thereof from any property loss or personal injury claims that I or the youth participant for whom I act as guardian may have as a result of being involved in the activities carried on under the program, except claims caused by the gross negligence or wilful misconduct of the City of Prince Albert and any employees, agents, or officers thereof.
- G.) **REFUNDS WILL NOT BE ISSUED FOR ANY REASON. A CREDIT TO YOUR ACCOUNT WILL BE APPLIED FOR MEDICAL PURPOSES ONLY. A DOCTOR'S NOTE IS REQUIRED.**

**I have carefully read and fully understand this Assumption of Risk, Release and Wavier of Claim. I understand that by signing below I am waiving certain legal rights (including, but not limited to the right to sue), which my heirs, next of kin, executors, administrators and assigns may have against the City of Prince Albert. I understand that if I am signing on behalf of a youth participant under the age of eighteen (18) that I am accepting personal liability for the claims of said youth participant.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ in the province of Saskatchewan

\_\_\_\_\_  
Adult Participant OR Parent / Legal Guardian Name (Print)

\_\_\_\_\_  
Signature

Witnessed By: \_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature