

**Part A: Parties to the Agreement**

Organization Name	CHAMPLAIN PARK FITNESS		
Participant's Name			
Participant's Address			
Participant's Telephone #			
Participant's Email Address			
Participants age	MM:	DD:	YY:

**Part B: Activity Information**

Describe the activity	CHAMPLAIN PARK FITNESS CLASSES		
Date/term of the activity	FALL	WINTER-SPRING	2019 – 2020 – 2021 -2022
Location where the activity will be held	CHAMPLAIN PARK FIELDHOUSE		
Time of activity from	5:30PM – 6:30PM	MONDAY	WEEKLY

**Part C: Release of Liability, Waiver of Claims and Assumption of Risks and Indemnity Agreement***Please read carefully before signing*

As the participant described in **Part A** taking part in the activity outlined in **Part B**, I fully understand, acknowledge and agree to the following:

<b>Initials</b>	
	I am aware there may be inherent risks to participating in the activity outlined in <b>Part B</b>
	I agree to abide by the rules and regulations, policies and procedures of organization and the City of Ottawa
	I am unaware of any health related problems that I may have that could cause injury to myself while engaging in the activity outlined in <b>Part B</b> . I have full knowledge of the nature and extent of risks involving in participating in activity outlined in <b>Part B</b> . I am voluntarily assuming the risks involved in participating in the activity described in <b>Part B</b> and in doing so I fully understand that I will be solely responsible for any injury, loss or damages I cause or sustain

**If the participant is the full age of 18 years and over.**

I agree to indemnify and hold harmless the organization and the City of Ottawa liable from all claims, demands, causes of action, loss, costs or damages that the user organization and the City of Ottawa may suffer, incur or be liable for in relation to any injury I may suffer or cause to others in connection with my negligence or actions while participating in the activity outlined in **Part B**. I hereby release, waive, and discharge the organization and the City of Ottawa from all liability to my heirs, executors, administrators, and assigns for all loss or damage and any claims or demands for such loss or damage on account of injury to person or property.

**If am the full age of 18 years.** I am aware of the nature and effect of the Release of Liability, Waiver of Claims and Assumption of Risks and Indemnity Agreement that I am signing. I am executing this release and waiver of liability agreement freely and without any compulsion on the part of the organization. I acknowledge to having read this entire agreement prior to having signed it. Intending to be legally bound. I have signed this Release of Liability, Waiver of Claims and Assumption of Risks and Indemnity Agreement this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

**By Signing this document you will be assuming injury and certain legal risks. You must acknowledge having read, understood and agree to the above conditions contained in this Agreement**

Participant print your name	Signature of participant	____/____/____ MM DD YYYY
Witness, print your name	Signature of Witness	____/____/____ MM DD YYYY