The Corporation of the Township of Pickle Lake

Recreation Committee – Fitness Program

FITNESS LIABILITY WAIVER

UNDER 18 YEARS OF AGE

Between, *The Corporation of the Township of Pickle Lake*

And; _____

(Member) (Parent / Guardian)

"I, _____ have enrolled in the personalized health and fitness center offered through The Township of Pickle Lake / Recreation Committee Fitness. I recognize that the facility including its equipment may involve strenuous physical activity including, but not limited to, muscle strength and endurance training, cardiovascular conditioning and training, and other various fitness activities. I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or limit my participation in using this facility. I acknowledge that my enrollment and subsequent participation is purely voluntary and in no way mandated by The Township of Pickle Lake / Recreation Committee."

"In consideration of my enrolment to use this fitness facility, I/we, _____

_____ , hereby release The Township of Pickle Lake / Recreation Committee and its agents from any claims, demands, and causes of action as a result of my voluntary enrollment to join this fitness center." "I fully understand that I may injure myself as a result of my enrollment and subsequent participation in this program and I/We, _____

_____, hereby release The Township of Pickle Lake / Recreation Committee and its agents from any liability now or in the future for situations / injury that I may obtain."

I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.

Dated this _____ day of _____. 20____.

_____ _____

Participant - Signature Guardian or Parent

_____ Township of Pickle Lake, Representative

_____

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