



WNC Membership #: \_\_\_\_\_

WR Membership #: \_\_\_\_\_

Receipt #: \_\_\_\_\_

**WEIGHT ROOM WAIVER FORM**

***To be completed by all athletic program participants***

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Program: \_\_\_\_\_

*If under 18 parents must sign below.*

1. Do you exercise? Yes  No  How many hours per week? \_\_\_\_\_
2. What type of exercise? \_\_\_\_\_
3. Do you presently participate in any Harbourfront Community Centre athletic programs(s)?  
Yes  No  If yes, which: \_\_\_\_\_
4. Do you smoke? Yes  No  Number per day \_\_\_\_\_
5. Has your doctor ever said you have heart trouble? Yes  No
6. Have you ever had breathing trouble? Yes  No
7. Have you ever had pains in your heart and chest? Yes  No
8. Have you ever felt faint or had spells of dizziness? Yes  No
9. Has a doctor ever said your blood pressure was too high? Yes  No
10. Has your doctor ever told you that you have a bone or joint problem such as arthritis? Yes  No
11. Have you ever suffered a back, neck or spinal injury? Yes  No
12. Have you had any other medical conditions? Yes  No

If yes, please describe:

***Please turn over to complete the form***

If you have answered Yes to any of the question from 4 to 12, or if you have any type of medical condition, please consult your personal physician.

If you have answered Yes to any of the questions from 4 to 8, or if you have any type of medical condition, you should obtain your physician's written approval to participate in any athletic, fitness, or weight-training program offered by the Harbourfront Community Centre.

### **ACKNOWLEDGEMENT AND RELEASE**

I acknowledge by this document that the Board of Management of Waterfront Neighbourhood Centre (WNC) by granting me membership to WNC, by allowing me the use of its facilities on or off-site or by presenting a course of exercise or program for me, does not doing so assumes any liability for injury, accident, illness, deterioration of health or death which may occur to me, nor does it assume any liability for damage, loss or theft of any property.

I, therefore, release the Board of Management and all officials, officers, employees or agents of the Board, operating or assisting in the operation of Waterfront Neighbourhood Centre from any and all liability, claims or lawsuits arising from any use of the facilities offered to me by WNC.

### **NON-TRANSFERABLE**

Please note that your Weight Room membership/access card is non-transferable and should not be used by any other persons. Members who are caught transferring their membership will have their Weight Room membership revoked.

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**Signature**

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**Date**

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**Witness Signature**

*If participants are under 18 years of age, parent must complete below:*

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**Parent Name (Print)**

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**Date**

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**Date**

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**Witness Signature**