



WHITEHORSE
Parks & Recreation

Fitness Consent to Participate Form

WARNING: Please Read Carefully – by signing this form, you are waiving certain legal rights including the right to sue!

Name of Participant _____

Program Title & Date(s) _____

I acknowledge that there are risks associated with my child's participation in a fitness program. I am aware that strength, flexibility, and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I have informed myself and my child and understand the risks and hazards associated with his/her participation in the program and (where applicable) their use of the facilities, machinery and equipment, including the risk of personal injury and freely accept these risks.

I voluntarily assume full responsibility for ensuring my child will become familiar with the rules and regulations of the City of Whitehorse Wellness Centre concerning participant conduct and not to violate any said rules or instruction made by the person or persons supervising the Wellness centre. I will also ensure that my child will act responsibly while in attendance at the Wellness Centre.

In consideration of the permission granted to me (or for the named participant if the named participant is under 19 years of age).

1. I hereby release and forever hold harmless, The Corporation of the City of Whitehorse, its elected and appointed officials, employees, contract instructors and agents or representatives of and from all claims and legal actions arising from personal injury or property damage or loss which I may have or suffer as a result of my participation in the program.

2. I agree that I am responsible for all costs of rescues or medical attention rendered to me or for the benefit of my participation in the program and I shall indemnify The Corporation of the City of Whitehorse from any and all liability in respect of any and all such costs.

3. I shall indemnify, and forever hold harmless, The Corporation of the City of Whitehorse, its elected and appointed officials, employees, contractor instructors and agents, from any and all liability for any damage to property or personal injury suffered by any third party resulting from the my in the program.

4. This release and waiver is binding upon me, my heirs, next of kin, executors, administrators, successors, assigns and representatives in the event of my mental or physical incapacity, personal injury or death.

I confirm that I am under 19 years of age and that I have read and understood this agreement prior to my parents or legal guardian signing it.

Date Signed _____ 20 _____

Participant's Signature _____
(Guardian, if under 19 year of age)

Witness (Signature) _____

Witness (Print name) _____

Picture Permission, Photo Release Form

I, _____ hereby give written consent for my picture to be taken for publicity or program purposes only (E.G. Active Living Guide, Youth Website, Newspaper, bulletin board display etc.).

Date Signed: _____ 20 _____

Participant's Signature _____
(Guardian, if under 19 year of age)

Please ensure you fill out the **Medical History Form** on the reverse side, including *Emergency Contact Information*.



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Fitness Programs Medical History Form

Information on this form is for program leaders to be able to act effectively in the event of an injury or medical emergency. These forms will be kept on hand for the duration of the program and will then be archived. All information on this form is held in strict confidentiality. **Please print neatly in ink.**

Participants Name: _____ Age: _____

Phone: _____ Birthdate: _____

Address: _____

Parent's Name (if under 19) or Emergency Contact (if over 19): _____

Phone: _____ Relationship: _____

Physician: _____ Phone: _____

Yukon Health Care Card No.: _____

1. Do you exercise regularly? Yes No. If yes, what exercise do you participate in and how often (minutes per session/session per week/month?)

2. Do you wear: Glasses Contact Lenses? If you rely on glasses or contact lenses for adequate vision, please bring a spare set in case of loss or damage. Eye irritation may prevent use of contacts - spare glasses are recommended.

3. What was the date of your last tetanus inoculation or booster? _____

4. Do you have a history of the following? Please indicate how the problems affect them, the symptoms and what factors contribute to their onset.

Health Condition	Yes	No	Please describe:
Respiratory Problem			
Diabetes			
Hypoglycemia			
Dizziness			
Seizures			
Joint Problems			
Back/Neck Problems			
Neurological Problems			
Psychological Problems			
Allergies			
Heart Problems			
Other (including behavior concerns)			

5. Please list any medications, both prescription and non-prescription, that you will be bringing with you.

Please:

- List detailed dosage and frequency instructions on the outside of each container. Include the name of the drug as well.
- Pack each medication in a separate waterproof and sun proof container.

I have honestly disclosed all of the information requested in the questions; and I understand that withholding information may contribute to injury or illness complications, and possibly compromise the care provided in the event of an emergency. If any of the above information changes prior to, or during the program, I will immediately notify the instructor.

Signature of participant or guardian if under 19 years of age

Please ensure you have filled out the **Consent to Participate Form** on the reverse side.