

**TO: THE GOVERNORS OF THE UNIVERSITY OF CALGARY****INFORMED CONSENT, RISK ACKNOWLEDGEMENT  
AND INDEMNITY AGREEMENT**

**WARNING:** By signing this document you indicate that you understand the risks associated with this activity, that you are aware that by allowing your child to participate in the activity you are exposing him/her to the risks identified below. It gives the University authority to secure medical assistance for your child for which you agree to be financially responsible. You are agreeing to assume financial responsibility for any damage to third persons or their property caused by your child.

**PLEASE READ CAREFULLY!**

CHILD'S NAME: \_\_\_\_\_

PARENT'S/GUARDIAN'S NAME: \_\_\_\_\_

PARENT'S/GUARDIAN'S ADDRESS: \_\_\_\_\_

COURSE CODE & TITLE: \_\_\_\_\_

COURSE DATE: \_\_\_\_\_

I am aware that by allowing my child to participate in the **activity of Fitness Classes / Training** I will be exposing my child to the following inherent risks, including but not limited to:

**General:**

- Theft, vandalism, damage or loss of personal property.
- Any manner of injury or death resulting from use, misuse, non-use and failure of any equipment.

**Fitness Classes / Training:**

Any manner of injury, illness or death resulting from:

- Impact, entanglement or impairment on obstructions, apparatus/equipment, floor surface or walls;
- Contact with participants, spectators, officials or other people;
- An increased load on the heart, which may result in dizziness, shortness of breath and in extreme circumstances, may result in a heart attack;
- Muscular injuries such as sprains and strains, bone injuries, fainting, chest discomfort, leg cramps and nausea;
- My participation and use of equipment beyond my own abilities.

**NOTE: Participants should obtain a physical examination from a health care professional before participating in any exercise activity or using any exercise equipment.**

I have explained the risks associated with this activity to my child and he/she understands the risks.

303. The University of Calgary may secure such medical advice and services as it, in its sole discretion, may deem necessary for my child's health and safety and I shall be financially responsible for such medical advice and services.

304. I understand that it is my child's responsibility to abide by the rules and regulations imposed on the participants by the Instructor. I have explained to my child the need to follow the instructions given by the instructor.

305. I understand that if my child is supplying his/her own equipment, I am responsible for ensuring that it is safe and well maintained and up to the requisite standards for the activity in which he/she is participating. I understand that the University of Calgary accepts no responsibility for any incidents or accidents occurring out of the use or misuse of my child's equipment.

\_\_\_\_\_ (Initial here that you have read paragraph 3.)

306. I agree to HOLD HARMLESS AND INDEMNIFY The Governors of The University of Calgary from any and all liability for any damage to the property of, or personal injury to, any third party resulting from my child's participation in this activity.

**I CONFIRM THAT I HAVE READ AND UNDERSTAND THIS AGREEMENT AND THAT I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM ACCEPTING FINANCIAL RESPONSIBILITY FOR ANY MEDICAL ASSISTANCE THE UNIVERSITY MAY DEEM NECESSARY FOR MY CHILD'S HEALTH AND SAFETY AND ALSO FOR ANY DAMAGE TO THIRD PERSONS OR THEIR PROPERTY THAT MY CHILD MAY CAUSE.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
WITNESS SIGNATURE (Non Family Member)

\_\_\_\_\_  
WITNESS NAME (please print)

\_\_\_\_\_  
WITNESS ADDRESS

\_\_\_\_\_  
WITNESS TELEPHONE #

**This Agreement must be completed in full, without alteration, signed, dated and witnessed, and paragraph 3 must be initialled before the child may participate in the activity.**