TO: THE GOVERNORS OF THE UNIVERSITY OF CALGARY

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT

WARNING: BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

PLEASE READ CAREFULLY!

NAME OF PARTICIPANT:
ADDRESS OF PARTICIPANT:
COURSE CODE & TITLE/ACTIVITY NAME: Fitness Classes / Training
COURSE/ACTIVITY DATE:

ASSUMPTION OF RISK

Participation in the activity(s) of **Fitness Classes / Training**, carries with it certain inherent risks. I am aware that, while participating in the activity(s), I may be exposed to any manner of harm, injury, illness, death or property damage resulting from such risks, including but not limited to the following:

General:

- Loss or damage of personal property by any means including, but not limited to, theft, vandalism, fire, or water damage;
- Travel by motor vehicle, bus, traffic accidents, poor road conditions, water craft, airplanes or or any other means of transportation to, from, or during the activity(s).

NOTE: Please consult with your physician prior to participating in any physical activity(s) or using any equipment if you have any pre-existing conditions which may be affected by your participation in the activity(s).

Physical and/or Sporting Activities:

- All manner of muscular and skeletal injuries, bruises, scrapes, cuts, strains, sprains, leg cramps, dislocations, or bone injuries;
- Head, facial, dental and neurological injuries such as concussions and traumatic brain injuries (TBI);
- An increased load on the heart which may result in dizziness, shortness of breath, fainting, chest pain or discomfort, nausea, and in extreme circumstances may result in a heart attack;
- Being struck with projectiles; falling against, impacting, entanglement or impairment on apparatus, equipment or other natural or man made obstacles (visible or non-visible), or against the ground, floors, walls or other surfaces;
- Contact with other participants, officials, spectators, or people or injuries arising from their actions;
- My participation and use of equipment beyond my own skills and abilities;
- The use, misuse, failure or malfunctioning of equipment.

I freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, property damage or loss, resulting therefrom.

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RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of **The Governors of the University of Calgary** permitting my participation in the activity(s) of **Fitness Classes / Training**, I agree as follows:

1.		nat I have or may have in the future against The Governors of the University of byees, students, agents, volunteers and independent contractors (all of whom are Releasees");
2.	next of kin may suffer as a result of my pa whatsoever INCLUDING NEGLIGENCE	any and all liability for any loss, damage, injury or expense that I may suffer, or that my articipation in the activity(s) of Fitness Classes / Training due to any cause E, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER UTY OF CARE OWED UNDER THE OCCUPIER'S LIABILITY ACT, RSA 2000 c.
	O TRISTANDE ON THE TRICE OF	(Initial here that you have read paragraph 2.)
3.		IFY THE RELEASEES from any and all liability for any damage to the property of, or ng from my participation in the activity(s) of Fitness Classes / Training ; and
4.		ent, I am responsible for ensuring that it is safe and well maintained and up to the hich I am participating. I understand that the Releasees accept no responsibility for any use or misuse of my equipment.
5.	This agreement shall be effective and bind the event of my death or incapacity.	ding upon my heirs, next of kin, executors, administrators, assigns and representatives in
6.	This Waiver shall be governed by and construed in accordance with the laws in force in the province of Alberta and the federal laws of Canada, as applicable. The courts of Alberta shall have exclusive jurisdiction over all claims, disputes and actions arisin out of and related to the activity(s) of Fitness Classes / Training and this Waiver and the parties hereby attorn to the jurisdiction of Alberta courts.	
	ntering into this Agreement, I am not relying t is set forth in this Agreement.	upon any oral or written representations or statements made by the Releasees, other than
AND INC	D THAT I AM AWARE THAT BY SIGNI	E OR OLDER, THAT I HAVE READ AND UNDERSTAND THIS AGREEMENT NG THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS, I I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND EASEES.
Signe	ned thisday of	,·
SIGN	NATURE OF PARTICIPANT	WITNESS SIGNATURE (Non Family Member)

This Agreement must be completed in full, without alteration, signed, dated and witnessed, and paragraphs 2 and 4 must be initialed before the participant may participate in the activity(s).

WITNESS NAME (please print)