Informed Consent and Emergency Contact Information

The South East Edmonton Seniors Association (SEESA) Fitness Centre endeavors to provide a safe environment for me to engage in exercises that will help improve my physical fitness. I understand that my participation within independent exercise and programs have a certain amount of risk associated with them. The purpose of this form is to ensure that I am made aware of these risks and assume responsibility for my decisions and actions.

For My Health and Safety

- I understand that I am engaging voluntarily in SEESA Fitness Centre exercise, physical activity, and/or recreational programs.
- It is my responsibility to monitor my own condition throughout any activity or program and, should any unusual symptoms occur, I will cease my participation and inform my physician of the symptoms.
- I am responsible for deciding whether or not to consult with my physician to determine any health risks associated with exercising. It is encouraged that I seek medical guidance before engaging in a fitness program.
- I understand that failure to use equipment or exercise properly may result in injury, illness, or medical problems including but not limited to fractured or broken bones, strained or torn muscles, tendons or ligaments, dizziness, feeling light-headed or becoming faint, stroke, heart attack, joint problems, or other physical problems.
- I agree to assume the risk of such exercise and inherent dangers from exercise and the use of the equipment.

For My Security

- I understand that SEESA provides lockers for my convenience while I am utilizing the facility but is not responsible for vandalism, break-ins or thefts of personal property. It has been recommended that I don't store valuables in my locker. I will also report any suspicious activity to the staff.
- Lockers are for day use only locks left on overnight will be removed and contents placed in the Lost and Found.

My Conduct

- I will adhere to the fitness dress code: All clothing and footwear must be: 1) Clean and free of odours that may impact the experience of other members, 2) Free of attachments such as buckles/Velcro/snaps that could cause damage to the equipment, and 3) Appropriate to the fitness/recreation environment/amenity being used.
- I will ensure all valuables and belongings are kept in the lockers as they are not permitted on the machines, floors, chairs, or desks in the fitness Centre.
- I will sign in at the Front Desk Reception prior to each time I use the Fitness Centre and ensure to pay all Fitness Centre membership dues prior to the start of exercise.
- All portable equipment I use during my time within the Fitness Centre I am required to return to its respective place.
- I will ensure to clean the equipment and exercise stations after every use.
- I am not permitted to use photographic equipment, including from cellular devices when in the Fitness Centre and change rooms.
- I will adhere to the Maximum Occupancy of two (2) persons from the same cohort throughout the duration of COVID-19 protocols.

My Consent and Release

I hereby agree to release and hold harmless the South East Edmonton Seniors Association (SEESA), its employees, contractors, and volunteers, from any loss, liability, claim of bodily injury or property damage, or costs which may arise due to my use of SEESA facilities and equipment and my participation in any program. This agreement shall be governed by the laws of Alberta.

By signing this form, I agree that I have read this entire form (two pages) and understand my responsibilities for participation and conduct in SEESA programs and activities.

Participant Signature	(Please Print Name) Date	
Witness (FDR) Signature Name	(Please Print Name)) Date	
<u>Partic</u>	cipant Emergency Informatio	<u>on</u>	
Participant Name (Pleas	se Print) Particip	Participant Date of Birth	
Participant's Primary Telephone Number	Secondary Telephone Numb	per Email Address	
imitations and Medications (i.e. Cardiovascular concerns, do you h	ave a pacemaker, a seizure disorder, are you asthmatic, do you requi	re an inhaler, epi-pen, are you on blood thinners, etc.).	
Emergency Contact Name	Primary Telephone Number	Secondary Telephone Number	

Fitness Centre Volunteer and Participant Agreement

I understand that SEESA Fitness Centre Volunteers are <u>not</u> certified fitness trainers and for the protection of myself and SEESA, it is necessary that a clear understanding exists between the member and the volunteer. In general, the Volunteers' duties in this regard are to:

- Demonstrate how to turn on and off the equipment;
- Show how to set up the equipment;
- Show how to sanitize the equipment;
- Describe and demonstrate safety features associated with each machine (where applicable).

Participant Signature	Participant Name (Please Print)	Date