

RM-April, 2002

**FITNESS CLASSES / FITNESS TRAINING /
CARDIO-RESPIRATORY TRAINING /
WEIGHT TRAINING ~ CHILD INFORMED
CONSENT**

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!

TO: THE GOVERNORS OF THE UNIVERSITY OF CALGARY

CHILD'S NAME: _____

GUARDIAN'S/PARENT'S NAME: _____

ADDRESS OF GUARDIAN/PARENT: _____

COURSE CODE & TITLE: _____

1. I am aware that by allowing my child to participate in the **activity of Fitness Classes / Fitness Training / Cardio-Respiratory Training / Weight Training**, I will be exposing him/her to the following inherent risks, including but not limited to:

GENERAL:

- theft, vandalism or loss of personal property;
- any injury resulting from use, misuse, or failure of any equipment;

FITNESS CLASSES / FITNESS TRAINING / CARDIO-RESPIRATORY TRAINING / WEIGHT TRAINING:

- an increased load on the heart, which may result in dizziness, shortness of breath and in extreme circumstances, may result in a heart attack;
- potential for bone and muscular skeletal injury, such as sprains and strains;
- episodes of light-headedness, fainting, chest discomfort, leg cramps and nausea;
- impact with obstructions, equipment, other participants or spectators, visible or non-visible;
- all manner of injury arising from falling and impacting against the floor surface, walls, apparatus/equipment or the ground.

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

2. 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 advice and services.
3. 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.
4. 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 HAVE READ AND UNDERSTOOD THIS AGREEMENT AND 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 _____, 2_____

SIGNATURE OF PARENT OR GUARDIAN

WITNESS SIGNATURE (**Non Family Member**)

WITNESS NAME (please print)

WITNESS ADDRESS

WITNESS TELEPHONE #

This informed consent must be completed in full, signed, dated, and witnessed before the child is allowed to participate in the activity.

Last Revised: January 10, 2007

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