



# Access Fitness Part I & II Youth Waiver



Name of Youth \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ DOB \_\_\_\_\_

Course Date \_\_\_\_\_

I, the undersigned, do hereby acknowledge:

- my consent to allow my under-aged son/daughter to participate in the Bold Center Access Fitness Program ;
- my understanding that Part I of this course is a pass or fail which will allow my son or daughter the ability/inability to use the Cenovus Fitness Centre and the Canadian Natural Track unaccompanied by an adult;
- my understanding that there are potential risks in participating in this program and/or using the Fitness Centre (use of equipment, other customers using the equipment/facility), and that I willfully assume those risks allowing my son/daughter to use the Fitness Centre without adult supervision;
- my understanding that myself and my child may ask any questions or request further explanation or information about the Bold Center rules or procedures at any time before, during, or after completing the Access Fitness Program or when I/he/she uses the Fitness Centre;
- my understanding that there are rules that must be adhered to and that my son/daughter has been educated about these rules as explained to him/her in the Access Fitness Program;
- my understanding that the use of the Cenovus Fitness Centre is a privilege that can be revoked, if my son/daughter does not adhere to the Fitness Centre rules;
- my understanding that payment for **Lac La Biche County** Bold Center Fitness Centre occurs prior to use;
- **I hereby release and hold harmless Lac La Biche County, the Bold Center,** and its agents, employees, contractors, officers, and volunteers from and against all claims, actions, costs, expenses (including financial compensation), damages, demands, or proceedings in respect of any loss or damage or injury, howsoever caused, arising out of or in connection with the Fitness Centre and the use of the equipment, use of the field house and soccer pitch (including equipment signed out), participation in this course, as well as the use of the change rooms, washrooms, sauna, and showers.
- I give permission to the Lac La Biche County/Bold Center to take photos of my child during the Access Fitness course for the purposes of advertising and promotion of fitness programming and/or recreation. Please check one. **Yes**  **No**

\_\_\_\_\_  
Youth Participant Name (Please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Youth Participant Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Bold CSR Initial