

Program Waiver, Release of Liability and Informed Consent

Name of Participant

Name of Parent/Guardian

Address

Address of Parent/Guardian (if different from Participant)

City

Postal Code

City

Postal Code

Telephone Number

Telephone Number (if different from Participant)

I authorize The Steadward Centre for Personal & Physical Achievement to administer and conduct tests and/or provide physical activity programs to increase my physical work capacity.

I understand that my level of physical fitness will be assessed and that, based on the results, an individualized physical activity program may be prescribed. I realize that I will be requested to perform exercises to evaluate and/or improve one or more of the following: a) Muscular Fitness, b) Cardiovascular Fitness c) Composition d) Flexibility

I understand that there are potential risks of injury to myself involved with any exercise and performance testing or physical activity program e.g.: episodes of transient light headedness, loss of consciousness, abnormal blood pressure, chest discomfort, leg cramps, and nausea. These risks have been explained to me, I have had full opportunity for discussion of them and I assume wilfully those risks. My obligation is to discontinue any exercise and immediately inform the appraiser if I experience any pain, discomfort, fatigue, or any other symptoms that I may suffer.

In consideration of participating in a physical activity program and/or fitness appraisal, I do hereby for myself, successors and assigns, release, forever discharge and waive the University of Alberta and The Steadward Centre for Personal & Physical Achievement and the directors, employees, agents, volunteers, members and representatives of these from any and all action, causes of action, claims and demands for upon or by reason of any damage, loss or injury to person and property which hereafter may be sustained in consequence of my assessment or participation in a physical activity program at The Steadward Centre for Personal & Physical Achievement.

I have read this form and understand the fitness appraisal and/or physical activity program in which I will be engaged. I consent to participate in this physical activity session(s). I am aware that all personal information collected as it relates to my participation in the Steadward Centre programs may be requested to be used for research purposes.

Signature of Participant (If Over Age 18)

Date

Signature of Parent/Guardian

Date

Signature of Witness

Date

Protection of Privacy -The personal information requested on this form is collected and protected under the authority of the Alberta Freedom of Information and Protection of Privacy Act, for the purpose of administering the program waiver process. Questions concerning the collection, use and disposal of this information should be directed to: *The Steadward Centre for Personal & Physical Achievement: (780) 492-3182.*