

Lanark Health and Community Services

Consent and Acknowledgement of Risk Agreement

I _____, the undersigned, acknowledge, understand and agree that:

The participation in any Lanark Health and Community Service (LHCS) programs or activities and the use of facilities and/or equipment has inherent risks, even in the controlled environment provided by LHCS. Those risks include, but are not limited to all manner of injury or death resulting from:

- Negligent misuse of LHCS facilities or equipment by myself or others,
- Personal health problems, physical conditions, or other areas of concern, including but not limited to , non-sufficient health, physical condition, heart, back, muscular, or obesity conditions,
- Negligence of other clients, visitors, or persons who may be present at LHCS programs, activities or facilities,
- Negligence or lack of adequate training of any person(s) who seek to assist with medical or other help either before or after injuries have occurred.

I have been informed and am aware of these and other inherent risks in participating in any LHCS program or activity or in the use of any LHCS facilities and/or equipment.

I am taking sole responsibility for my ability to correctly engage in the LHCS program, activity or use of LHCS facilities and/or equipment, both properly and as intended in such a manner as to prevent any possible accident, injury, loss or damage. **I understand that use of equipment and/or facilities or participation in LHCS programs or activities is voluntary and accept responsibility of discussing any health related risks or concerns with my practitioner in advance.**

As a participant in an LHCS program I agree to respect the privacy and confidentiality of other individuals within the program.

I acknowledge that I have read and will obey all rules or regulations posted in public areas of LHCS facilities or contained in any printed materials given to me by LHCS. I will obey all orders and instructions given to me by LHCS personnel and volunteers.

By signing this agreement I affirm that I have had sufficient opportunity to read, and have read the entire document, I am 18 years or older, I understand and agree to be bound by its terms and no oral representations or statements or inducements have been made to me that change, alter or modify anything within the written agreement.

Date: _____

LHCS Program, activity, facility or equipment: **Fit, Fun & Fully Alive! Fitness Classes for Older Adults**

Name (print): _____

Signature _____

Guardian (if under 18 years) _____

Signature _____

Witness _____

Signature _____



Emergency Contact Information:

Contact Name: _____

Phone: _____