



Chapple Recreation

P.O. Box 4, Barwick, Ontario P0W 1A0 CANADA

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Fitness Centre Youth Waiver

Read before signing!

I, _____ parent/legal guardian of _____
hereby authorize my son/daughter to make use of The Chapple Recreation Fitness Centre.

I am aware and understand that this room is not supervised and that there is no instructor present.

I have been advised that there may be some inherent danger in the event the equipment is used improperly.

I further state that to the best of my knowledge my son/daughter is in good health and has not been advised to restrict their physical activity in anyway because of any medical condition.

In agreeing to allow my son/daughter to use the Fitness Centre I hereby waive any legal recourse against The Corporation of the Township of Chapple, or any member of the Chapple Recreation Council for all claims resulting from personal injuries sustained, or death resulting from the use of any facilities in the Chapple Recreation Fitness Centre. This waiver shall be binding upon my heirs and personal representatives.

Note: Persons under the age of 18 years must have a waiver signed by Parent or Legal Guardian.

Parent/Legal Guardian Signature: _____

By signing this form you agree to abide by the Rules and Regulations of The Fitness Centre.

Date: _____ **Age of Youth:** _____

Birthdate: _____

Signature of Issuing Officer: _____

For Office Use Only:

Membership No:

Date Purchased:

Comments: