Chapple Recreation Fitness Centre

Read Before Signing/ Please Print

I, _____ Mother/Father of _____

hereby authorize my son/daughter to make use of the facilities of the weight training room at the Chapple Fitness Centre.

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

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 as a result of any medical condition.

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

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

_____ _____

Signature of Issuing Officer *Signature of Parent/Legal Gaurdian*

Date: _____ Age (Son/Daughter)_____

Birthdate: _____