



Chapple Recreation

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

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Member Waiver

Read before signing!

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.

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.

Age: _____ **Birthdate:** _____

Member Signature: _____

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

Date: _____

Signature of Issuing Officer: _____

For Office Use Only:

Membership No:

Date Purchased:

Comments: