

Membership Agreement

Please Read and Sign Attached Agreement

****This document affects your legal rights and liabilities– please read carefully****

I hereby agree to the following conditions of the **Richmond Health Services Fitness Centre, part of Vancouver Coastal Health:**

I, _____ acknowledge that I have been informed of the risk and benefits associated with the unsupervised use of the Richmond Health Services (RHS) Fitness Centre, part of Vancouver Coastal Health (VCH). I accept full responsibility and assume all risks for myself and others while using the RHS Fitness Centre and waive any responsibility or duty that VCH may have in these circumstances.

I, on my own behalf, hereby release VCH, its directors, officers, employees, or agents from any and all liability associated with my unsupervised use of the RHS Fitness Centre or for any injury or damage to me or to my property resulting from my unsupervised use of the RHS Fitness Centre.

I agree to indemnify and save harmless VCH and its directors, officers, employees, and agents from any and all such liability.

I further agree I will be responsible for notifying the appropriate staff about problems or concerns that I may notice or encounter while using the fitness equipment and facilities of the RHS Fitness Centre and I will be responsible for all costs associated with any repairs that may be necessary as a result of any damages that occur to the equipment or facilities as a result of my use, normal wear and tear excepted.

I acknowledge that I have been informed that WCB coverage will not apply to my participation in the RHS Fitness Centre.

Furthermore, I am aware that there will be no fitness personnel, nor any supervision by Richmond Health Services, on site during regular hours of operation.

Richmond Health Services Fitness Centre Policies

I have read and will uphold all policies, procedures, Rules of Conduct, and posted etiquette of the RHS Fitness Centre.

Refund Policy

Prior to processing, a Cancellation Request must be completed. Refund of membership will not be approved for vacation or illness less than two months.

I have read, understood and been given the opportunity to have any questions answered regarding the contents of this application.

Applicant's Signature

Date

Applicant's Name (Please print)

Witness Signature

Date

Witness Name (Please print)