



PCSP Recreation and Community Services Department
Program Registration Form

Please check the program you are registering for:

- Adult Fitness (Tuesday and Thursday)
Seniors Sit N Fit
Kickboxing
Yoga
Pound
Zumba

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Payment Date: \_\_\_\_\_ Payment Amount: \_\_\_\_\_

I, \_\_\_\_\_ acknowledge and admit that knowingly and willingly I have enrolled in a physical fitness program that includes but is not limited to running, jumping, strength training, toning, and exercising at the Town of Portugal Cove - St. Philip's Recreation Centre. I do hereby for myself and my heirs, executors, administrators, and assigns waive any and all claims, demands, liability, damages, costs, and expenses of any kind whatsoever, including personal injury to me, or my death against the Town of Portugal Cove - St. Philip's, employees and agents of the Town of Portugal Cove - St. Philip's, fitness instructors provided by the Town of Portugal Cove - St. Philip's and equipment providers pertaining to any such injury, damage or damages or death that may arise from my participation in the Town of Portugal Cove - St. Philip's Fitness Classes whether caused in whole or in part by negligence or other fault of the aforementioned parties or persons or in any matter whatsoever.

I fully understand and acknowledge that I may injure myself as a result of my participation in this program and hereby release the Town of Portugal Cove - St. Philip's, employees and agents of the Town of Portugal Cove - St. Philip's, fitness instructors provided by the Town of Portugal Cove - St. Philip's and equipment providers from any liability, now or in the future, included but not limited to heart attacks, muscle strains, sprains, pulls, tears, however caused, occurring during or after my participation in the exercise program. It is further agreed that all exercised including the use of equipment shall be AT MY OWN RISK!

I fully understand and acknowledge that I am giving up in advance any right to sue or make claims against the parties I am releasing if I suffer any injuries or damages even though I do not know what or how the extent of those injuries or damages might be and I am voluntarily assuming the risk of such injuries or damages. I understand this consent form and am not under any physical or emotional duress to sign. I have been advised to seek legal advice pertaining to this document and I acknowledge that I am satisfied at this time.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

COVID - 19

I am aware of the highly contagious nature of the 2019 novel coronavirus disease (COVID-19) and the risk that I or my child/ward may be exposed to or contract COVID -19 by being on or within facilities owned and/or operated by the Town and/or engaging in the Program. I understand and acknowledge that such exposure or infection may result in serious illness, personal injury, disability, death or property damage. I acknowledge that the risk may result from being compounded by the actions, omissions, or negligence of others, including Town employees and/or contractors. I understand that while the Town has implemented preventative measures to reduce the spread of COVID -19, the Town cannot guarantee that I or my child/ward will not become infected with COVID - 19 while on the premises or participating in Programs that being on the premises and participating in the Program may increase my or my child/ward's risk of contracting COVID-19.

I agree not to enter, or permit my child/ward to enter the premises if I am or my child/ward is experiencing symptoms of COVID - 19 (including cough, shortness of breath, headache, fever, sore throat, diarrhea and/or vomiting), have a confirmed or suspected case of COVID - 19, or have come in contact in the last fourteen (14) days with a person who has been confirmed or suspected of COVID - 19

I, \_\_\_\_\_ have read and fully understand the rules and regulations of the Town of Portugal Cove - St. Philip's Recreation Centre Rental / User Agreement as they have been outlined to me. I will adhere to all conditions that are stated in this agreement and accept full responsibility for proper conduct during and after my rental with the Town of Portugal Cove - St. Philip's Recreation & Community Services Department; along with full financial responsibility as outlined above.