



SOUTHLAND PARK FITNESS CENTRE
#A4 – 10333 Southport Road SW Calgary, Alberta T2W 3X6

Membership and Consent Agreement Southland Park Fitness Centre

Thank you for choosing to use the Southland Park Fitness Centre and making use of our facilities, equipment, programs and/or services. We request your understanding and cooperation in maintaining your safety and health by reading and signing the following Membership and Informed Consent Agreement (the “Agreement”)

Membership Type: Southland Park Fitness Centre – Tenant membership

Last Name:

First Name:

Middle Initial:

Date of Birth:

Gender:

Business Phone:

Business Email:

Company Name:

Access Card #:

Emergency Contact:

Contact Phone:

INFORMED CONSENT

I declare that I intend to use some or all of the equipment, facilities, programs, activities and services offered by the Centre. I understand that each person, (myself included), has a different capacity for participating in such Activities. I am aware that all Activities offered are educational, recreational or self-directed in nature. I assume full responsibility during and after my participation in such Activities and for my choices to use or apply at my own risk any portion of the information or instruction I may receive.

I understand that part of the risk involved in undertaking any of the Activities is relative to my own state of fitness and health (physical, mental or emotional) and to the awareness, care and skill with which I conduct myself in any of the activities. In addition, I understand that I am free to withdraw from, reduce or modify my involvement in any of the activities at any time, and I realize that I should do so on recognition of any signs of physical discomfort, which may include: transient light-headedness, fainting, shortness of breath, chest discomfort or pain, cramps, nausea, etc. I agree to notify the fitness supervisor if my health status changes and to seek the appropriate help if I experience any of the above symptoms while exercising.

I further understand that the possible risks involved in participating in activities may include and are not limited to: sweating; fatigue; muscle, tendon, ligament, bone and joint soreness, strain or tear; bruising, lacerations and punctures; joint dislocations; bone fractures; aggravation of any existing or past injury; shortness of breath, dizziness, fainting, tightness in chest, heart attack, stroke, or death.



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MEDICAL HISTORY

Have you experienced any of the following conditions in the past six months: heart disease, stroke, chest pain, high blood pressure, dizziness, shortness of breath, fainting, concussion, flare-ups of arthritis or past injuries, diabetes, cancer, osteoporosis, asthma or spinal cord injury? Please check one: ___Yes ___No

If any of the above conditions apply, you are required to complete a “Get Active Questionnaire (GAQ) – Reference Document” below in order to register.

While participating in Activities, I agree to respect the Centre’s Rules and Regulations and I am aware that I am required to wear closed-toe athletic shoes in all exercise areas of the facility. _____Initial

WAIVER

THIS AGREEMENT AFFECTS YOUR LEGAL RIGHTS. PLEASE READ CAREFULLY.

For and in consideration of the permission given to me to use the Centre and to participate voluntarily in the Activities, I hereby waive, any and all claims, including future claims, against Southland Park Fitness Centre, Southland Park Inc., Lasalle Canada Core Real Property LP, Canderel Management West (West) Inc, Canderel Pacific Management Inc. and each of their successors and assigns and each of their subsidiaries, affiliates, partners, directors, officers, employees, agents, member instructors and independent contractors (collectively called the “Released Parties”) from any claims, actions, costs, expenses and demands in respect of death, injury, loss or damage to my person or property (including without limitation, under the Occupiers’ Liability Act) wherever or however caused, including, without limitation, the negligence of one or more of the Released Parties, arising out of or in connection with the use or intended use of the Southland Park Fitness Centre or the Activities (collectively, a “Claim”): and agree to hold harmless and indemnify the Released Parties for any and all Claims made against the Released Parties by any person.

I have had sufficient time to read and understand the terms of the waiver and freely and voluntarily agree to and accept the terms. _____Initial

PRIVACY STATEMENT

Personal information collected on this document, by this site and by LIVunLtd Inc. is used for the express purpose of fulfilling your request and delivering the services you have contracted with us to deliver. The collection of personal Information is governed by the personal information Protection and Electronic Documents Act (PIPEDA) which authorizes Private organizations to collect the minimum personal information needed to deliver the requested service. We use a combination of software, hardware and encryption protocols to protect your information. All the information that you provide will be kept strictly confidential. We will not sell, give away or grant access to your information to anyone outside of the organization or our affiliates. In the event that we are required by court order, subpoena or legal action to disclose personal information about registrants to our system, we will limit the disclosure to only that information which is specifically required by the order.

I acknowledge and consent to taking all of the above noted risks by voluntarily participating in any and all Activities offered at the Centre and I declare that I have read, understood and accept the contents of this Agreement in its entirety.

Name:

Signature:

Date:



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PRE-AUTHORIZED PAYMENT PLAN – DETAILS BELOW REQUIRED FOR ALL MEMBERSHIPS

| | | |
|----------------------|------------------------|----------------------------|
| _____ | _____ | _____ |
| Membership #: | Company: | Full Name: |
| _____ | _____ | _____ |
| Home Address: | City: | Province: |
| _____ | _____ | _____ |
| Postal Code: | Home Telephone: | Business Telephone: |

I/we authorize Liv North to charge monthly dues in the amount of \$35.00 + GST to my/our bank account or credit card. LIVunLtd Inc. is authorized to change the amount of the monthly payment by giving the member 30 days written notice of the change. Failure on the part of the member to advise in writing of his/her disagreement with the change in the amount of the monthly payment within 10 days shall be deemed to be full acceptance of such change.

_____ Initial

I/we agree to notify LIVunLtd in writing within 10 days of any change to my/our bank account or credit card information.

_____ Initial

All authorized charges will be made on, or after, the 1st day of each month.

_____ Initial

This authorization may be cancelled at any time upon written notice to Southland Park Fitness by the Member (cancellation deadline is the 22nd of each month to be effective for month-end).

_____ Initial

_____ Pre-Authorized Chequing Payment

_____ Void Cheque Attached

_____ Pre-Authorized Credit Card Payment – Visa or Mastercard – NO Visa Debit or American Express

| | | |
|-------------------|----------------------|---------------------|
| _____ | _____ | _____ |
| Card Type: | Name on Card: | Card Number: |
| _____ | _____ | |
| Expiry: | CVV: | |

| | | |
|---------------------|--------------------------|--------------|
| _____ | _____ | _____ |
| Member Name: | Member Signature: | Date: |

For a joint account, all depositors must sign, if more than one signature is required on cheques issued against the account.

Attach Void Cheque (or print credit card information)

Physical activity improves your physical and mental health. Even small amounts of physical activity are good, and more is better.

For almost everyone, the benefits of physical activity far outweigh any risks. For some individuals, specific advice from a Qualified Exercise Professional (QEP – has post-secondary education in exercise sciences and an advanced certification in the area – see csep.ca/certifications) or health care provider is advisable. This questionnaire is intended for all ages – to help move you along the path to becoming more physically active.

- I am completing this questionnaire for myself.
- I am completing this questionnaire for my child/dependent as parent/guardian.

PREPARE TO BECOME MORE ACTIVE

The following questions will help to ensure that you have a safe physical activity experience. Please answer **YES** or **NO** to each question before you become more physically active. If you are unsure about any question, answer **YES**.

1 Have you experienced **ANY** of the following (A to F) **within the past six months**?

- A** A diagnosis of/treatment for heart disease or stroke, or pain/discomfort/pressure in your chest during activities of daily living or during physical activity?
- B** A diagnosis of/treatment for high blood pressure (BP), or a resting BP of 160/90 mmHg or higher?
- C** Dizziness or lightheadedness during physical activity?
- D** Shortness of breath at rest?
- E** Loss of consciousness/fainting for any reason?
- F** Concussion?

2 Do you currently have pain or swelling in any part of your body (such as from an injury, acute flare-up of arthritis, or back pain) that affects your ability to be physically active?

3 Has a health care provider told you that you should avoid or modify certain types of physical activity?

4 Do you have any other medical or physical condition (such as diabetes, cancer, osteoporosis, asthma, spinal cord injury) that may affect your ability to be physically active?

..... ➤ **NO** to all questions: go to Page 2 – ASSESS YOUR CURRENT PHYSICAL ACTIVITY ➤

YES to any question: go to Reference Document – ADVICE ON WHAT TO DO IF YOU HAVE A YES RESPONSE ... ➤➤

ASSESS YOUR CURRENT PHYSICAL ACTIVITY

Answer the following questions to assess how active you are now.

- 1 During a typical week, on how many days do you do moderate- to vigorous-intensity aerobic physical activity (such as brisk walking, cycling or jogging)? DAYS/WEEK
 - 2 On days that you do at least moderate-intensity aerobic physical activity (e.g., brisk walking), for how many minutes do you do this activity? MINUTES/DAY
- For adults, please multiply your average number of days/week by the average number of minutes/day: MINUTES/WEEK

Canadian 24-Hour Movement Guidelines recommend that adults accumulate at least 150 minutes of moderate- to vigorous-intensity physical activity per week. For children and youth, at least 60 minutes daily is recommended. Strengthening muscles and bones at least two times per week for adults, and three times per week for children and youth, is also recommended (see csep.ca/guidelines).

GENERAL ADVICE FOR BECOMING MORE ACTIVE

Increase your physical activity gradually so that you have a positive experience. Build physical activities that you enjoy into your day (e.g., take a walk with a friend, ride your bike to school or work) and reduce your sedentary behaviour (e.g., prolonged sitting).

If you want to do **vigorous-intensity physical activity** (i.e., physical activity at an intensity that makes it hard to carry on a conversation), and you do not meet minimum physical activity recommendations noted above, consult a Qualified Exercise Professional (QEP) beforehand. This can help ensure that your physical activity is safe and suitable for your circumstances.

Physical activity is also an important part of a healthy pregnancy.

Delay becoming more active if you are not feeling well because of a temporary illness.

DECLARATION

To the best of my knowledge, all of the information I have supplied on this questionnaire is correct.
If my health changes, I will complete this questionnaire again.

I answered **NO** to all questions on Page 1



Sign and date the Declaration below



I answered **YES** to any question on Page 1

Check the box below that applies to you:

- I have consulted a health care provider or Qualified Exercise Professional (QEP) who has recommended that I become more physically active.
- I am comfortable with becoming more physically active on my own without consulting a health care provider or QEP.

Name (+ Name of Parent/Guardian if applicable) [Please print]

Signature (or Signature of Parent/Guardian if applicable)

Date of Birth

Date

Email (optional)

Telephone (optional)

With planning and support you can enjoy the benefits of becoming more physically active. A QEP can help.

- Check this box if you would like to consult a QEP about becoming more physically active.
(This completed questionnaire will help the QEP get to know you and understand your needs.)