Vancouver Board of Parks & Recreation Consent & Release – Consultations





I, (name)	age
Of (address)	
Acknowledge as follows:	
1. I have applied to participate in;	
A recommended exercise prog Offered by the Vancouver Boa	- · · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·	ty Readiness Questionnaire (PAR-Q+)" and questions with a " No " (check here)
	OR
	ollow up questions with " Yes " (check here) cument a letter from my physician consenting to my
 I have been informed and fully unders risks to me, and I agree to accept thos 	stand that participation in the program may involve certain se risks.
employees and authorized agents and release and all actions, causes of action, claims and participation in the Fitness Centre program in	Vancouver, the Board of Parks and Recreation, and their e and discharge them, their successors and assigns, from ar demands which may arise in consequence of my respective of whether my death or injuries to me resulted s waiver and release are binding on my estate and my heirs.
Signed in Vancouver, BC this	day of
Signature	Witness
Signature also of parent or guardian, if client i	 is under 18 yrs