

Part II – Further Health Screening & Waiver

Are you pregnant? Y / N Approx. Due Date _____
 Has your doctor ever told you to restrict your activities during pregnancy? Y / N
 Has your doctor given you permission to engage in exercise following pregnancy? Y / N

**If you answered YES to one or more questions on page one:
 Fitness Staff will assist you to complete a supplementary questionnaire to determine if further
 information is required from a medical practitioner before increasing physical activity.**

List any medications you are presently taking and their purpose (use separate page if needed)

Medication	Purpose
_____	_____
_____	_____
_____	_____

I recognize and have been informed that a risk of injury, potential health complications or death to myself may be involved in physical activity. I hereby assume total responsibility for such risks for myself or the above-named person for whom I am/will be responsible and assume full liability during or after participation in physical activity. The Town of Whitchurch-Stouffville cannot/will not be held liable for any risks I have willingly assumed, and I, THEREFORE HEREBY RELEASE AND FOREVER DISCHARGE AND AGREE TO HOLD HARMLESS the Town of Whitchurch-Stouffville, its representatives, agents, employees and successors from all actions or claims for any type of liability and/or property loss or damage whatsoever arising because of participation in the activity program or any other associated activity. I have read the above terms, understand and agree to the contents of this consent in its entirety.

 Signature or Participant Date Parent or Guardian (if under 18) Date

Personal information is collected pursuant to Municipal Freedom of Information and Protection of Privacy Act

Admin Use

Fitness		Group Fitness		Fitness / Group Combined		Payment	
	Monthly Perpetual		Monthly Perpetual		Monthly Perpetual		Cash
	12 Month		12 Month		12 Month		Cheque
# Mths	Monthly Fixed	# Mths	Monthly Fixed	# Mths	Monthly Fixed		Debit
	10 Visits		10 Visits		10 Visits		VISA
	Pool Buy-Up		Pool Buy-Up		Pool Buy-Up		Master Card
Locker#	Locker Buy-Up			Locker#	Locker Buy-Up		Fitness – single visit
	Adult		Adult		Adult		Youth Fitness
	Student		Student		Student		Notes
	Senior (60+)		Senior (60+)		Senior (60+)		

Fitness Use

Orientation/ Appraisal Date		Resting BP		Screened by	
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