Pacific Institute for Sport Excellence

Registration & Waiver Form (back) **PLEASE PRINT CLEARLY AND COMPLETE ALL FIELDS**

CLIENT INFORMATION

PRIVACY POLICY: Your personal information is never traded, sold, or leased by the Pacific Institute for Sport Excellence

❑ Mr. ❑ Mrs. ❑ Miss ❑ Ms.	First Name: _____ Last Name: _____	Birth Date:			F ☐ M ☐
		M M	DD	Y Y	Age / Gender

Street address: _____

City/Province: Postal Code:

Mobile Phone #:	Home Phone#:	Work Phone #:
Email:	May we mail/email you PISE notices and program information? ❑ Yes ❑ No	Occupation/Employer:

How did you hear about us?	❑ Family	❑ Friend	❑ Newspaper	❑ Mail Ad.	❑ Dr.	❑ Close to home/work	❑ Other:_____

Medical Alert (if none, note N/A):	Contact in Case of Emergency: Name: Phone: Relationship:

CLIENT HEALTH INFORMATION (Must be completed)

Please read the questions below carefully and answer each one honestly. Check YES or NO.

YES	NO		
❑	❑	1.	Have you ever been diagnosed with a heart condition and been told that your physical activity should be regulated by a doctor?
❑	❑	2.	When you do physical activity do you feel chest pains?
❑	❑	3.	Have you had chest pain in the last month when you were doing physical activity?
❑	❑	4.	Have you ever felt dizziness, lost consciousness or had poor balance?
❑	❑	5.	Do you have previous problems with bones or joints that would be worsened during physical activity?
❑	❑	6.	Are you taking any prescription medication for blood pressure or a heart condition?
❑	❑	7.	Are you aware of **ANY OTHER REASON** why you should not participate in physical activity?

PLEASE NOTE: If your answer is **YES** to one or more of these questions, you will need to contact your doctor and receive authorization **BEFORE** you start becoming more physically active or **BEFORE** you have a fitness appraisal.

FOR PISE OFFICE USE ONLY:

Registration and waiver form reviewed/approved by :_____ Date: _____

Membership: Yes _____ Card # issued _____ CATEGORY:_____

Client Notes for MindBody Profile:

Specialty Program: _____

CSCP HP Annual Membership**:** Expiry Date of HP Card: _____ Sport: _____

Staff Alerts: _____

Input to MindBody by: _____ Photo Taken by: _____

Comments:_____

FACILITY POLICIES

For your Safety and to Protect our Facilities

- PISE (including the field, grounds and parking area) is SMOKE FREE!
- Fighting, use of abusive language, being disrespectful to other clients or, damaging facility property is unacceptable and may result in the suspension or cancellation of your membership.
- Drugs or alcohol in the facility or, on the grounds are strictly forbidden. Staff reserves the right to search bags for alcohol and drugs and to deny access to anyone who appears to be under the influence.
- For health and safety reasons, no animals (except guide/aid animals) should be in the Facility.
- Food or drink (except water in a closed container) should not be taken into any of the fitness, gym or field areas. You may take food and drink into the classrooms but, please clean up after yourself and dispose of waste properly.
- Gum should be disposed of in the proper waste receptacles.
- Posting of announcements, posters, flyers, etc. anywhere at PISE must be approved by PISE Staff and posted only in the area specified.
- Photography or recording devices (including cell phones with camera and recording capability) are NOT permitted, except where authorized.
- To protect yourself and our equipment please wear: closed-toed athletic shoes with non-marking soles in workout/gym areas; clean, rubber soles and cleats (no metal cleats) on the Field Turf, and; appropriate workout wear; T-shirts, long sleeve shirts, shorts of appropriate length, athletic pants/leggings. Please, do not wear: string/ cut off/mesh tank tops, jeans, street clothing, and anything displaying inappropriate slogans or offensive text or images; cleated shoes inside the building or; perfume, cologne, body spray, or hairspray.
- Please do not bring your gym bags and valuables into the workout areas. Day use lockers are available (please bring your own lock or purchase one from the PISE desk) but, will be cleared each night and items placed in the lost and found. If you wish to arrange a long term locker rental (monthly fee), please visit our Fitness Centre counter.
- Please bring/rent a clean towel to cover the padded equipment when using it. When finished, please wipe down equipment with the towels and cleaning solution provided.
- PISE is not responsible for lost or stolen items; please use the lockers provided or, leave valuables at home. Lost and found articles are donated to a local charity if not claimed within 7 days. Personal items (i.e. razors, hairbrushes) are disposed of for hygienic reasons.
- We recommend that you stay for the entire class in order to benefit from a proper cool-down.
- The high performance area fitness area is for the exclusive use of CSCP athletes. Only those with appropriate supervision and ID will be permitted access.
- A 30-minute time limit on cardio equipment must be observed when someone is waiting.
- Avoid injury when lifting weights: Before starting, warm-up properly, secure collars and check the equipment. Use proper body position and breathing technique. Use of spotters is recommended for all lifting. Return free weights and dumbbells to the appropriate racks when finished.
- Unsupervised/unauthorized use of the gym or movement studio is not permitted. Sharp edged items including chairs, tables, weight/cardio machines, in-line skates, skateboards, cleats, etc. are not allowed on these floors. Please avoid hanging off the rims and nets in the gymnasium
- Alex Campbell Field: Spectators and pets must remain outside the fenced area. No cigarettes, food, gum, sunflower seeds or beverages on the field. Only shoes with rubber soles and cleats should be worn (no metal cleats). Please, use cleat brushes to clean your shoes before going on the field.

WAIVER AND INFORMED CONSENT & PHOTO RELEASE

THIS AGREEMENT AFFECTS YOUR LEGAL RIGHTS. PLEASE READ IT CAREFULLY!

We request your understanding and cooperation in maintaining both your safety and health by reading and signing the following Informed Consent & Photo Release Agreement. Every person must read and understand this waiver before participating in Pacific Institute for Sport Excellence programs or activities. We recommend that you consult your physician prior to starting an exercise or fitness program, and prior to using this Facility.

THE WAIVER

You, the Client/Guardian, are aware that there are risks associated with participating in Fitness activities and exercise. Your participation is completely voluntary, and you freely accept and fully assume all responsibility for all risks, and all possibilities of personal injury, death, property damage or loss to yourself or any other person as a result of your participation in fitness activities. You and your heirs, next of kin, executors, administrators and assigns agree:

a) to waive all claims, known or unknown, that you have or may have in the future against the Pacific Institute for Sport Excellence, including their owners, officers, directors, agents, employees, volunteers, business operators, independent contractors and site property owners or lessees (Camosun College, Canadian Sport Centre - Pacific, PacificSport Victoria, LifeMark);

b) that the Pacific Institute for Sport Excellence is not liable or responsible for any damage to, loss or theft of your property;

c) to release and forever discharge the Pacific Institute for Sport Excellence from all liability for any personal injury, death, property damage or loss resulting from your participation in fitness activities due to any cause, including but not limited to negligence (failure to use such care as a reasonably prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contract or mistake in error of judgment of the Pacific Institute for Sport Excellence; and

d) to be liable for and to hold harmless and indemnify the Pacific Institute for Sport Excellence from all actions, proceedings, claims, damages, costs demands, including court costs on a solicitor and own client basis, and liabilities of whatsoever nature or kind arising out of or in any way connected with your participation in fitness activities.

PHOTO RELEASE

You, the Client/Guardian, hereby grant Pacific Institute for Sport Excellence Society, their Photographer, and their legal representatives and assigns (including but not limited to any agency, client or publication), irrevocable permission to publish photographs of me taken at Pacific Institute for Sport Excellence. These images may be published in any manner, including (but not limited to) program brochures, advertisements, periodicals, and PISE website. Furthermore, I will hold harmless the aforementioned photographer and his/her legal representatives and assigns, from any liability by virtue of minor cropping that may be required, and colour and exposure shifts that may occur in reproducing this photograph.

I HAVE READ AND DO VOLUNTARILY SIGN THE RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISKS, RELEASE AND INDEMNITY AGREEMENT, and further state and agree that no oral representations, statements or inducement apart from the foregoing written agreement have been made. Furthermore, I permit my dependant to participate in the sport and activities of the Pacific Institute for Sport Excellence under the terms of the foregoing Agreement.

Client/Guardian Name (print): _____ Witness Name (print): _____

Client/Guardian Signature: _____ Witness Signature: _____

Relationship: _____ Date: _____

PACIFIC INSTITUTE FOR SPORT EXCELLENCE

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