



## Participation Agreement, Liability Waiver and Assumption of Risk

**WARNING: THIS IS A WAIVER FOR THE ACKNOWLEDGEMENT OF RISK, CONFIDENTIALITY & RELEASE OF LIABILITY THIS DOCUMENT WILL AFFECT YOUR LEGAL RIGHTS, PLEASE READ IT CAREFULLY!**

Every participant **MUST** read and understand the participation agreement and liability waiver prior to participating in any Sunshine Aerial Fitness activities.

The undersigned (the "Participant") hereby enters into this Agreement with and for the benefit of Sunshine Aerial Fitness, its directors, officers, employees, volunteers, instructors, business operators, agents and the site property owners of Occupiers Liability legislation in the province of Ontario.

The Participant acknowledges and understands that there are inherent and significant risks associated with participation in Sunshine Aerial Fitness Classes, including (but not limited to) the potential for serious personal injury caused by any event or any condition of the facilities or equipment provided by or uses by Sunshine Aerial Fitness Classes, and health risks such as light-headedness, fainting, increased or decreased blood pressure, chest discomfort, muscle cramps, broken bones, strains, sprains, bruises, concussion, abnormal heart rate, soreness, nausea, heart attack, stroke, and possibly death.

The Participant understands that such risks are relative to Participants level of fitness and health (physical, mental and emotional), and to the awareness, care and skill which the Participant demonstrates while participating in Sunshine Aerial Fitness activities. Sunshine Aerial Fitness reserves the right to refuse Participants entry to specified course based on inability to perform.

The Participant hereby releases Sunshine Aerial Fitness, and accepts and assumes ALL responsibility for ALL risks and possibilities of personal injury, death, property damage or loss resulting from his/her participation in the aerial fitness activities, including accidents or injuries that occur within the facilities (e.g. Washrooms, dressing rooms, studio, staircases and other areas). The facilities and programs offered by Sunshine Aerial Fitness have been designed and established to provide the optimum level of beneficial exercise and enjoyment without compromising the health and safety of those who utilize the facilities or participate in Sunshine Aerial Fitness activities. Due to the nature of Sunshine Aerial Fitness activities and the equipment that is an integral part of such activities, there is an inherent risk of injury. This results in a practical limitation being placed on Sunshine Aerial Fitness in its effort to prevent injuries to participants, whether actively participating in Sunshine Aerial Fitness activities, utilizing the equipment or otherwise taking advantage of the facilities.

The Participant freely accepts these risks and agrees to the terms of this Waiver and Release.

The Participant understands that Sunshine Aerial Fitness does NOT provide health insurance coverage. The Participant consents to first aid, emergency medical care and, if necessary, transportation and admission to an accredited hospital, for treatment of injuries that may be sustained while participating in Sunshine Aerial Fitness activities. The Participant understands that they are FULLY responsible for any and all expenses associated with care provided.

The Participant hereby agrees they have not had any consumption of alcohol, usage of narcotics or any other substances that may impair physical or mental abilities. The Participant understands that choreographed materials provided for instruction, are property of Sunshine Aerial Fitness, and are NOT to be taught in any facility not containing Sunshine Aerial Fitness in its legal entity. The Participant acknowledges and agrees that no right or license is granted under this Confidentiality Agreement by Sunshine Aerial Fitness, either expressly or by implication. The Participant understands that any and all propriety rights, including without limitation, copy write laws and proprietary rights in and to the Confidential Information shall be and remain with Sunshine Aerial Fitness in accordance with the provisions of the terms of instruction by Sunshine Aerial Fitness. This agreement shall remain in effect indefinitely.

### **PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18)**

In consideration of \_\_\_\_\_ (Name of Minor) being permitted by Sunshine Aerial Fitness to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless Sunshine Aerial Fitness from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Print Parent or Guardian's Name

  
Stephanie Glandon, Owner

\_\_\_\_\_  
Date (YYYY/MM/DD)

\_\_\_\_\_  
Email address of Parent

**Mailing: 24 Rob Way, Kemptville, ON K0G 1J0**  
**Studio: 2600 County Road 43, Kemptville, ON K0G 1J0. | 613-713-9788**

Your privacy is important to us; the information we collect is for our own purposes only and will not be given to anyone else. We use this information to keep a personal confidential file for everyone who registers with Sunshine Aerial Fitness. If you have any concerns regarding our policy, please contact us.

# YOUTH Medical Questionnaire

Name of YOUTH: \_\_\_\_\_ YOUTH Date of Birth: \_\_\_\_\_

Answer these questions below truthfully and to the best of your ability. Please note, any applicant who answers yes to any of the first seven questions may be required to provide a letter from their physician indicating clearance to participate in physical activity. The applicant may not be approved to participate until such letter is received.

Please read the 7 questions below carefully and answer each one honestly.		YES	NO
1	Has your doctor ever said that you have a heart condition <input type="checkbox"/> OR high blood pressure <input type="checkbox"/> ?		
2	Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity?		
3	Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months? Please answer NO if your dizziness was associated with over-breathing (including during vigorous exercise).		
4	Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)? PLEASE LIST CONDITION(S) HERE: _____		
5	Are you currently taking prescribed medications for a chronic medical condition?		
6	Do you currently have (or have had within the past 12 months) a bone, joint, or soft tissue (muscle, ligament, or tendon) problem that could be made worse by becoming more physically active? Please answer NO if you had a problem in the past, but it does not limit your current ability to be physically active. PLEASE LIST CONDITION(S) HERE:- _____		
7	Has your doctor ever said that you should only do medically supervised physical activity?		

Additional Medical Questions	YES	NO
Are you pregnant?		
Have you given birth in the last 12 weeks?		
Have you ever been diagnosed as having a hernia?		
Have you had a neck injury requiring medical attention?		
Have you had any operations/surgery in the past four years? If yes, describe: _____		
Are you currently under the care of a physician for an on-going condition? If yes, describe: _____		
Do you have any allergies to substances or medications? If yes, describe: _____		
Have you been treated for diabetes?		
Do you wear contact lenses?		
Do you wear any dental appliances?		
Have you ever had a wrist or hand fracture or severe injury?		
Have you ever experienced a severe sprain, dislocation, or fracture of either elbow?		
Have you ever experienced a dislocation or separation of either shoulder?		
Have you ever had knee arthroscopy or surgery?		
Do you wear a knee brace?		
Have you experienced a severe sprain, strain, or surgery to either foot or ankle?		
Have you had an injury to your upper lower back?		
Do you experience pain in your back?		
Are you currently on prescribed medication? If yes, list: _____		

By signing below, I indicate that I have read and answered all questions truthfully and to the best of my knowledge.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact Info:  
(Name, relationship, and phone number): \_\_\_\_\_