

| Tuesdays 5:00PM - 6:00PM Spin Class Three classes per week \$20 prop-In class* \$1:0:00AM-11:00AM Spin Class Three classes per week \$20 prop-In class* \$1:0:00AM-11:00AM Spin Class Three classes per week \$20 prop-In class* \$1:0:00AM-11:00AM Spin Class Three classes per week \$20 prop-In class* \$1:0:00AM-11:00AM Spin Class Three classes per week \$20 prop-In class* \$1:0:00AM-11:00AM Spin Class Three classes per week \$20 prop-In class* \$1:0:00AM-11:00AM Spin Class Three classes per week \$20 prop-In class* \$1:0:00AM-11:00AM Spin Class Three classes per week \$20 prop-In class* \$1:0:00AM-11:00AM Spin Class* \$1:0:00AM-11:00AM Spin Class* \$1:00AM-11:00AM Spin Class* \$1:00AM-11:00AM | Huron - Kinloss | | Township of | Huron Kinl | <u>oss</u> | | | |
|---|------------------|---|----------------------|-----------------------------|--------------------|--------------|------------|-------------------|
| The entire form must be completed and accompanied with payment to secure space. PARTICIPANT INFORMATION Participant Name: Address (including postal code): Email Address: Cell Phone Number: REGISTRATION INFORMATION Session begins January 8 th 2019 and runs until March 29 th 2019 (12 weeks) Classes: Tuesdays 10:00AM-11:00AM Bootcamp One class per week \$1. Tuesdays 5:00PM - 6:00PM Spin Class Three classes per week \$2. Fridays 10:00AM-11:00AM Spin Class Three classes per week \$2. Fridays 10:00AM-11:00AM Spin Class Three classes per week \$2. Copp-In class* \$1. *Registration forms are still required for those participating by "Drop In" throughout the session* EMERGENCY CONTACT INFORMATION Name: Relationship to Family: ASSUMPTION OF RISK AND INDEMNIFYING RELEASE While Township of Huron-Kinloss staff and volunteers will make every reasonable effort to minimize exposure to k risks associated with each Registrant's participation in a Township of Huron-Kinloss program ("Program"), I here acknowledge that I and/or my child if am registering on his/her behalf (collectively, the "Registrant") may be required pending on the nature of the program, to participate in various physical activities that may involve a risk of injuths regard, I hereby permit the Registrant to participate in the full range of Program activities. In consideration on Registrants opportunity to participate in the Program, the receipt and sufficiency of which is hereby acknowledge hereby release and hold harmless the Township of Huron-Kinloss, its respective Officers, directors, employees volunteers and agents, and their respective successors and assigns from any and all liability for damages sustains consequences of loss, injury or damage to the Registrant, and from all other actions, causes of action, claims, dem or damages of any kind with respect to death, injury, loss or damages to any person or property arising out of connected with preparation for, or participation in, the Program. REGISTRATION AGREEMENT By signing my name, I (or m | | | | | ses | | | |
| PARTICIPANT INFORMATION Participant Name: Par Q: Yes No (next page Address (including postal code): Home Phone Number: | - | The autino form of the | | | : Lla | | | |
| Par Q: Yes No (next page Address (including postal code): Home Phone Number: | | ine entire form must be | · | · | · · | o secure | space | <u> </u> |
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| Email Address: REGISTRATIONINFORMATION | Participant N | ame: | | | Par Q: | Yes | NO (| next page) |
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| Fridays 10:00AM-11:00AM Spin Class | Tuesdays | 10:00AM-11:00AM | Bootcamp | | One class | per wee | <u>·</u> k | \$120 |
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| ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, | | | | | - | | | |
| Participant Signature: Office Use Only: | • | | | | | | | |

I consent to receiving class cancellation notices via text:

Total Payment: Payment Type:

Paid:

Date:



Township of Huron Kinloss

Physical Activity Readiness Questionnaire

*Please be aware that all information on completed forms will be confidential

As promoters of a healthy lifestyle, we're concerned about your well being when participating in our programs. To help identify the type of activity, which is most suited to each individual, we are asking you to complete a PAR-Q as part of the program. This questionnaire is designed to identify individuals for whom an increased physical activity might be inappropriate or those who should seek medical attention prior to program commencement.

Please read carefully and answer "Yes" or "No" to the following questions:

| 1. | Has your family doctor said that you have heart trouble? | Yes No |
|------|--|------------|
| 2. | Do you frequently have pains in your heart or chest? | Yes No |
| 3. | Do you often feel faint or have dizzy spells? | Yes No |
| 4. | Has your doctor ever said that your blood pressure was too high | n? Yes No |
| 5. | Has your doctor ever told you that you have a bone or joint problem such as arthritis, which has been aggravated by exercise or might be made worse with exercise? | Yes No |
| 6. | Are you unaccustomed to a steady increase in your physical activity level? | Yes No |
| 7. | Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to? | Yes No |
| 8. | Do you take medication on a regular basis (heart, asthma) If Yes, please list the medication name: | Yes No |
| _ | ou answered "Yes" to any of the above questions, you should cor sician before increasing your physical activity level. | nsult your |
| Par | ticipant Name: Signature: | |
| Date | <mark>e</mark> : | |



Township of Huron Kinloss

PHOTO AND VIDEO CONSENT AND RELEASE

| By signing this form, you are consenting to the taking of photographs and/or video recordings of you by the |
|---|
| Township of Huron-Kinloss for the purposes of marketing and promoting programs. You are assigning to the |
| Township of Huron-Kinloss and waiving any rights you have related to any photographs and video recordings and |
| you are consenting to the use of such photographs and/or video recordings, in whole or in part, by the Township |
| of Huron-Kinloss. I hereby agree to allow photographs and/or video recordings to be taken of me, whether |
| posed or candid, while I am on Township of Huron-Kinloss property and/or participating in Township of Huron- |
| Kinloss programs. Please Initial: |

ASSUMPTION OF RISK AND INDEMNYFING RELEASE

| 7.0001111 11011 01 111011 1110 111011 1110 112127.102 |
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| While Township of Huron-Kinloss staff and volunteers will make every reasonable effort to minimize exposure to |
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| its respective officers, directors, employees, volunteers and agents, and their respective successors and assigns |
| from any and all liability for damages sustained in consequences of loss, injury or damage to the Registrant, and |
| from all other actions, causes of action, claims, demands or damages of any kind with respect to death, injury, |
| loss or damages to any person or property arising out of or connected with preparation for, or participation in, |
| the Program. Please Initial: |
| |

DISCLAIMER

| All programs are subject to change or cancellation due to low enrolment number | rs, lack of volur | nteers or other |
|---|------------------------------|-----------------|
| unforeseen circumstances that are prohibitive to the operations of the program. | <mark>Please Initial:</mark> | |

MUNICIPAL FREEDOM OF INFORMATION AND PRIVACY ACT

In accordance with the Municipal Freedom of Information and Privacy Act, personal information is collected under the Authority of the Municipal Act, R.S.O. 1990, c.M45, as amended, and will only be used for the purpose of maintaining adequate records of participation and enrollment in recreation programs and for medical information when required in emergency situations. *Please Initial:*

RECREATION AND PROGRAMMING SUBSCRIPTION

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