



Waiver – Physical Activity Programs

I, _____ agree to participate in the following Program:
(Name of Participant)

Name of Program

I recognize that:

- 1) This program/activity may require physical effort, which may be strenuous and/or may cause injury, and I am fully aware of the risks involved.
- 2) It is my responsibility to consult with a primary health provider, if needed, to determine my capacity to participate in the activities.
- 3) It is my responsibility to inform the program leader of any relevant changes in my health.
- 4) Health Care Provider has indicated that this physical activity is appropriate for me.
Yes _____ No _____

By signing this waiver, I am mindful of my health and physical condition, and am voluntarily participating. Therefore, I hereby release Rideau Community Health Services (RCHS), its representative and their successors from liability from accident, injury, or illness that I may incur from participating in the program, and/or use of the equipment and facilities and I hereby assume these risks.

Name: _____

Signature: _____

Date: _____