



Release of Liability, Waiver of Claims and Assumption of Risks, and Indemnity Agreement for Adults & Youth (Under 18 Years of Age)

I/We (i.e., my child and I) agree to abide by the rules and regulations, policies and procedures of OSCA and agree to use the Facility and equipment in a manner consistent with its intended use and application.

OSCA's fitness programs are designed predominantly for healthy individuals. If you have been inactive, have health or medical concerns, you are advised to consult with your physician prior to becoming involved.

Participation in sport, general fitness and physical activity programs involves various risks, dangers and hazards, including but not limited to risks of injury. An individual's participation will be deemed to indicate acceptance of such risks. Therefore, OSCA accepts no responsibility for such normal activity related risks.

I/We understand and agree that my participation in any physical fitness program is not a requirement of OSCA and is strictly voluntary. I further agree that in the event of personal injury or property loss, as a result of my participation in a physical fitness program, I accept full responsibility for my actions and obligations and I will not hold OSCA or the City of Ottawa, its employees, volunteers, contractors, agents or instructors liable.

I/We agree that OSCA, its directors, employees, agents and independent contractors shall not be liable for any injury to myself/my child or loss or damage to my/my child's personal property arising from, or in any way resulting from my/my child's participation in this activity UNLESS such injury, loss or damage is caused by the SOLE NEGLIGENCE of OSCA or its employees or agents acting within the scope of their duties.

I/We understand the nature and effect of the Release of Liability, Waiver of Claims and Assumption of Risks, and Indemnity Agreement that I am signing. I am executing this release and waiver of liability agreement freely and without any compulsion on the part of the part of OSCA. I acknowledge that I have read this entire agreement prior to having signed it.

By signing this document, I/my child understand that we are freely assuming the risks of injury and other risks associated with participating in this program/activity. I/my child acknowledge that we have read, understood, and will abide by the conditions contained in this Agreement.

Participant Name _____
Signature of Participant MM / DD / YYYY

****If the member participating in the physical fitness program is under 18+ years of age, he/she AND a parent or legal guardian are required to read and acknowledge that they have read this Agreement in its entirety and are required to sign below.**

My child _____, a minor pursuant to the *Age of Majority and Accountability Act*, has my permission to participate in the physical fitness program.

Parent/Legal Guardian Name _____
Signature of Parent/Legal Guardian MM / DD / YYYY

Participant Name _____
Signature of Participant (if under 18) MM / DD / YYYY

Witness Name _____
Signature of Witness MM / DD / YYYY