

# FITNESS PARTNERS

A great way to promote your business *and* to give back to your community!

# COWICHAN SPORTSPLEX



**CONTACT INFORMATION (please print clearly)**

Business Name: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street Address, City, Postal Code)

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

**CLASS DETAILS**

What kind of class do you offer? \_\_\_\_\_

Do you require a sound system? \_\_\_\_\_

Can you run your class rain or shine? \_\_\_\_\_

**ADDITIONAL INFORMATION**

- I am a qualified fitness instructor and am registered with the BCRPA (or equivalent)
- I have provided the Cowichan Sportsplex with proof of my BCRPA (or equivalent) liability insurance
- I have read and signed the waiver on the back of this form

Get Active | Meet New People | Try New Things | Challenge Yourself | Support Your Sportsplex



The heart of a  
healthy community.

Spring 4-Week Fitness Challenge | May  
Fall 4-Week Fitness Challenge | September

Fax this form to 250-746-5682 | Mail to 5847 Chesterfield Avenue Duncan, B.C. V9L 3M3  
Email us at [events@cowichansportsplex.com](mailto:events@cowichansportsplex.com)  
For more info: [www.cowichansportsplex.com](http://www.cowichansportsplex.com) | call 250-746-5666

# FITNESS PARTNERS WAIVER



I hereby, for myself, my heirs, executors and representatives, agree to release, indemnify, and discharge Chesterfield Sports Society, their agents, owners, officers, volunteers, participants, employees and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "Society"), as follows:

1. I acknowledge that the activities that I participate in at the Cowichan Sportsplex (the event(s)) involve the potential risk of serious injury or property damage to myself, to property, or to third parties.
2. I expressly agree and promise to accept and assume full responsibility for any risk of bodily injury, death or property damage arising out of or related to the event(s) whether caused by the negligence of Society or otherwise. My participation in the event(s) is purely voluntary, and I elect to participate in spite of any risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless the Society from any and all claims, demands, or causes of action, which are in any way connected with my participation in the event(s) or my use of Society equipment or facilities, including any such claims which allege negligent acts or omissions of the Society.
4. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or in the alternative, I agree to assume responsibility for and bear the costs of such injury or damage. I further certify that I have no mental or physical conditions which could interfere with my safety in this activity or my ability to perform this activity.
5. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

**I understand that there are inherent risks involved in exercise and this is my informed consent to participate.**

## Instructor

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Witness

Signature: \_\_\_\_\_

Date: \_\_\_\_\_