



**1 | Fitness Member Information**

|   |              |             |   |  |
|---|--------------|-------------|---|--|
| Full name   |              |             | Gender<br><input type="checkbox"/> Female <input type="checkbox"/> Male   |  |
| Street Address  |              |             |   |  |
| City  | Province     | Postal Code | Birthdate<br>MM / DD / YYYY   |  |
| Phone (Cell)  | Phone (Home) |             | Phone (Work)  |  |
| Email (Required – this is our primary form of contact with fitness members) |              |             | May we stay in touch with YWCA news & event invitations? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                        |              |       |
|------------------------|--------------|-------|
| Emergency contact name | Relationship | Phone |
|------------------------|--------------|-------|

Medical/caution information (**MUST** be completed)

None  As described below:

|  |          |
|--|----------|
| I hereby certify that I know of no medical condition(s), other than those noted above, that may increase my risk of illness or injury. | Initials |
|--|----------|

**2 | Fitness Membership Detail**

Indicate the type of fitness membership you would like to purchase.

Adult (18-54)       Senior (55+)       Youth (12-17)       Student (18+ Current ID card required)

Household (2 adults\* from the same household)       Women’s Health Club (Women 18+ ONLY)

\*Includes ONE Women’s Health Club membership. Additional household members can be added: \$10 for General Membership or \$18 for Women’s Health Club Membership.

Payment method: (YWCA Lethbridge Co-Ed Fitness Centre memberships will be cancelled immediately if payments are declined or unpaid.)

Debit account (VOID cheque attached)       Pre-authorized credit card       Payment in full

**3 | Donate (Optional)**

YWCA Lethbridge & District receives funding for many of our programs, but we need to top up the amounts provided with private donations to ensure we can continue enhancing the lives and communities of women with our 30+ programs and services. If you elect to top up your fitness membership with a donation, we will issue a tax receipt to the fitness member named in Section 1\*\*

|                       |   |   |
|-----------------------|---|---|
| Donation amount<br>\$ | Monthly withdrawal date (Select one)<br><input type="checkbox"/> One-time <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 25 <sup>th</sup> | Payment method (Enclose VOID cheque to debit account)<br><input type="checkbox"/> Cheque enclosed <input type="checkbox"/> Debit account <input type="checkbox"/> Credit card |
|-----------------------|---|---|

\*\*Young Women’s Christian Association of Lethbridge & District (YWCA Lethbridge & District) is a registered charitable not-for-profit organization (CRA #108227919 RR0001). We issue tax receipts for donations over \$10 that meet Canada Revenue Agency criteria. Unless specifically designated, your donation will fund YWCA Lethbridge’s areas of greatest need.

#### 4 | Additional Family Members (for swim/skate passes)

For Women’s Health Club Memberships ONLY. Must be family members and must reside in the same household. Household members who are not related to the Women’s Health Club Member are not eligible.

|      |                             |   |
|------|-----------------------------|---|
| Name | Birthdate<br>MM / DD / YYYY | <input type="checkbox"/> Female <input type="checkbox"/> Male |
| Name | Birthdate<br>MM / DD / YYYY | <input type="checkbox"/> Female <input type="checkbox"/> Male |
| Name | Birthdate<br>MM / DD / YYYY | <input type="checkbox"/> Female <input type="checkbox"/> Male |
| Name | Birthdate<br>MM / DD / YYYY | <input type="checkbox"/> Female <input type="checkbox"/> Male |
| Name | Birthdate<br>MM / DD / YYYY | <input type="checkbox"/> Female <input type="checkbox"/> Male |
| Name | Birthdate<br>MM / DD / YYYY | <input type="checkbox"/> Female <input type="checkbox"/> Male |

#### 5 | Membership Agreement

I hereby agree to abide by the Membership Policies outlined below; to the gym etiquette rules as outlined in the YWCA Lethbridge Co-Ed Fitness Centre Member Guide; to all policies and rules posted in the Facility; and, to the health & safety guidelines of the YWCA Lethbridge and District. I acknowledge that YWCA Lethbridge and District provides no guarantees with respect to program scheduling, equipment availability, or facility access, and may elect to suspend programming and access at any time without notice. I further acknowledge that YWCA Lethbridge and District has the right to suspend, limit or terminate my YWCA Lethbridge Co-Ed Fitness membership without notice at any time, with or without cause.

I hereby give permission for my photo to be taken by the YWCA Lethbridge and District and for the use of my name, photograph, voice or likeness for promotional or publicity purposes at their discretion.

**Membership Policies:**

- Continual Pre-Authorized Payment (15th or 25th of each month) memberships do not expire.
- Pre-Authorized Payment Membership cards will have expiry date of either June 30th /XX or December 31st /XX, but this does not apply to payments.
- Membership and payment cancellation requires 2 WEEKS WRITTEN NOTICE (YWCA Membership Cancellation Form). No refunds will be applicable for the balance of the current month.
- 3-month and 1-year memberships will expire on date written on the membership card.
- Refunds on outright purchased packages will only be granted if cancellation form is accompanied by a Doctor’s note and/or proof of relocation. Refund amount will be prorated.
- Pre-Authorized Payment memberships are subject to a one-time \$20.00 administration fee.
- In the event of a missed payment I will be responsible to pay the amount owing in addition to a \$40.00 NSF fee.
- Lockers are available on a first-come, first-served basis. Participants use lockers at their own risk. The YWCA is not responsible for lost, stolen or damaged items.

**Notice of Collection of Personal Information:** The YWCA respects your privacy. We protect your personal information and adhere to all legislative requirements with respect to protecting privacy. We collect your personal data in order to better meet your program, services, or information needs. We do not rent or sell any personal information. We will not disclose your personal information to anyone else without your prior knowledge and written consent, except when required by a government body or agency, or as permitted by law. All YWCA staff having access to your personal data are required to respect the confidentiality of personal data and handle personal information responsibly. All personal data will be maintained on file for a period of seven years and then destroyed/disposed of by an authorized staff member.

|  |                          |
|--|--------------------------|
| Customer signature (or parent/guardian if under age 18)<br><br>X | Date signed (MM-DD-YYYY) |
|--|--------------------------|

# YWCA Lethbridge and District Co-Ed Fitness Centre

## WAIVER OF CLAIMS FORM

### Release of Liability, Waiver of Claims and Assumption of Risk and Indemnity Agreement.

By signing this document, you will waive certain legal rights including the right to sue. PLEASE READ CAREFULLY!

To: YWCA Lethbridge and District and its officers, directors, instructors, volunteers, employees, agents, representatives, independent contractors, subcontractors, representatives, successors and assigns, and all other persons in any way involved or connected with the YWCA Lethbridge and District Health and Fitness Program and the YWCA Lethbridge and District Facilities (all of whom are hereinafter collectively referred to as "the Releasees").

#### ASSUMPTION OF RISKS

I am aware that participation in YWCA Lethbridge and District Co-Ed Fitness programs and using the YWCA Lethbridge and District Facilities, which includes participation in programs, activities, classes or instructions and the use of YWCA Lethbridge and District equipment and use of YWCA Lethbridge and District Facilities, involves the risk of injury and other dangers or hazards including but not limited to: changes, variations, or slipperiness of the surfaces in or near the Facilities, including holes, depressions, bumps, gravel, and wet conditions; athletic injuries including overexertion, sprains, muscle pulls and tears; the use of any exercise equipment, products and indemnities; the sudden and unforeseen malfunctioning of any exercise equipment; NEGLIGENCE ON THE PART OF OTHER MEMEBERS/USERS OF THE FACILITIES, VOLUNTEERS, ORGANISERS, INSTRUCTORS, SUPERVISORS AND NEGLIGENCE ON THE PARTS OF RELEASEES, INCLUDING THE FAILURE ON THE PART OF THE RELEASEES TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS REFERRED TO ABOVE.

I FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS AND HAZARDS INCLUDING THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGES OR LOSS RESULTING THERE FROM.

Initial

#### RELEASE OF LIABILITY AND WAIVER OF CLAIMS

In consideration of the Releasees permitting my participation in the YWCA Lethbridge and District Co-Ed Fitness Program and use of YWCA Lethbridge and District Facilities, I hereby agree as follows:

- TO WAIVE ANY AND ALL CLAIMS that I have or may have in the future against the Releasees arising out of any aspect of my participation in the YWCA Lethbridge and District Co-Ed Fitness Program and use of YWCA Lethbridge and District Facilities and TO RELEASE THE RELEASEES from any and all liability for any loss, damage, expense, or injury including death that I may suffer or my next of kin may suffer during my participation in the YWCA Lethbridge and District Co-Ed Fitness Program and use of YWCA Lethbridge and District Facilities due to any cause, including negligence, breach of contract, or breach of any statutory or other duty of care as well as any duty of care owned under the Occupiers Liability Act, on the part of the Releasees, and also including the failure on the part of the Releasees to safeguard or protect me from the risks, dangers and hazards of the program and/ facilities of the program referred to above;
- TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any damage to property of or personal injury to any third party, resulting from my participation in the YWCA Lethbridge and District Co-Ed Fitness Program and use of YWCA Lethbridge and District Facilities;
- This Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives, in the event of my death or incapacity;
- This agreement and any rights, duties and obligations as between the parties to this agreement shall be governed by and interpreted solely in accordance with the laws of the Province of Alberta and no other jurisdiction; and
- Any litigation involving the parties to this Agreement shall be brought solely within the Province of Alberta and shall be within the exclusive jurisdiction of the Courts of the Province of Alberta.

In entering into this Agreement I am not relying on any written representations or statements made by the Releasees with respect to the safety of the program and/or facilities, other than what is set forth in this Agreement.

I CONFIRM THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT PRIOR TO SIGNING IT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS AND THE LEGAL RIGHTS OF MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNORS, AND REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES.

\_\_\_\_\_  
Co-Ed Fitness Member Signature

\_\_\_\_\_  
Parent/Guardian Signature  
(if member is a minor)

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Co-Ed Fitness Member Name  
(Please PRINT)

\_\_\_\_\_  
Parent/Guardian Name  
(Please PRINT)

\_\_\_\_\_  
Witness Name  
(Please PRINT)

\_\_\_\_\_  
MM/DD/YYYY

\_\_\_\_\_  
MM/DD/YYYY

\_\_\_\_\_  
MM/DD/YYYY

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed

**THIS AGREEMENT MUST BE COMPLETED IN FULL SIGNED AND DATED PRIOR TO PARTICIPATING IN ANY PROGRAM AND/ OR FACILITIES.**

#### NOTICE

- If you have an illness such as a fever, or are not feeling well at this time, you may wish to post-pone the proposed exercise activity.
- If you are pregnant, you are advised to discuss the "PARmed-X" for pregnancy with your physician before exercising.
- If you are at high risk of, or have a limiting physical condition you may be required to have your Health Care Professional fill out a "YWCA- Request for Information Form."
- The YWCA Lethbridge and District urges you to consult with a doctor before using any exercise equipment or participating in any exercise activity. Failure to do so may increase your injury-health risk.

**TO BE COMPLETED BY FRONT DESK STAFF**

|                       |                               |
|-----------------------|-------------------------------|
| Membership start date | Locker number (if applicable) |
|-----------------------|-------------------------------|

**Credit card information (for PAP &/or Donation)**

|   |                          |                  |
|---|--------------------------|------------------|
| Cardholder name   |                          |                  |
| Credit card billing address (if different from Fitness Member address)  |                          |                  |
| Credit card type (Please select one)<br><input type="checkbox"/> Visa <input type="checkbox"/> MasterCard   | Card number              | Expiry (MM-YYYY) |
| I authorize the YWCA Lethbridge & District to charge the credit card indicated in this authorization form according to the terms outlined above. *If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. <b>This payment authorization is for the monthly YWCA Lethbridge Co-Ed Fitness Centre membership indicated in Section 2 PLUS separate charge(s) for any monthly or one-time donations indicated in Sections 3 and 4 of this form.</b> I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form. |                          |                  |
| Cardholder signature<br><br>X   | Date signed (MM-DD-YYYY) |                  |

**Membership & Payment Information**

|   |  |                                    |  |                                 |
|---|--|------------------------------------|--|---------------------------------|
| Membership type                                 |  |                                    |  |                                 |
| <input type="checkbox"/> 3-Month (Paid in full) | <input type="checkbox"/> 1-Year (Paid in full) | <input type="checkbox"/> BOGO Pass | <input type="checkbox"/> 12-Visit Pass | <input type="checkbox"/> Locker |
| Pass number _____                               |  | Expiry _____                       |  |                                 |

|                               |                                 |                                |                               |                                     |   |
|-------------------------------|---------------------------------|--------------------------------|-------------------------------|-------------------------------------|---|
| Payment method                |                                 |                                |                               |                                     |   |
| <input type="checkbox"/> Cash | <input type="checkbox"/> Cheque | <input type="checkbox"/> Debit | <input type="checkbox"/> Visa | <input type="checkbox"/> MasterCard | <input type="checkbox"/> Gift Certificate |

|  |                               |                    |
|--|-------------------------------|--------------------|
| Monthly PAP (Check one. PAP memberships DO NOT expire.)    |                               |                    |
| <input type="checkbox"/> 15th                              | <input type="checkbox"/> 25th |                    |
| PAP first payment (from start to 1 <sup>st</sup> PAP date) | First payment date            | Monthly PAP amount |
| \$   | YYYY / MM / DD                | \$                 |

|                               |                |
|-------------------------------|----------------|
| Front Desk Staff Signature    | Date processed |
| Co-Ed Fitness Staff Signature | Date processed |

**Fitness Membership Renewals**

|             |                    |                      |
|-------------|--------------------|----------------------|
| Date: _____ | Expiry date: _____ | Staff Initial: _____ |
| Date: _____ | Expiry date: _____ | Staff Initial: _____ |
| Date: _____ | Expiry date: _____ | Staff Initial: _____ |
| Date: _____ | Expiry date: _____ | Staff Initial: _____ |
| Date: _____ | Expiry date: _____ | Staff Initial: _____ |