



[www.tanktradersmp.com](http://www.tanktradersmp.com)

## ***Tank Traders Multiplex Fitness Centre Waiver Form***

You have the right to be treated with respect.

You are responsible for respecting the privacy of others within this facility and for demonstrating respect for all individuals.

You have the right to participate in an environment free of harassment based on age, weight, race, gender or sexual orientation.

You have the right to provide feedback on services and to receive a response to your suggestions.

You have the right to participate in a facility that is clean and safe.

You are responsible for respecting the facility in which you participate.

You are responsible for sharing equipment, space and facilities willingly.

You are responsible for the reporting of any concerns regarding facility etiquette (such as safety concerns or harassment) to a staff or board executive member of the facility.

You must have a spotter to use the Smith machine.

### **USING THE FITNESS CENTRE**

#### **Hours**

The fitness centre operates: Daily from 5:00 a.m. to 11:00 p.m.

#### **A Member-Based Facility**

The Tank Traders Multiplex Fitness Centre is a membership-based facility through the payment of membership fees and upon signing the waiver form. Access to the Fitness Centre is available through valid electronic pass cards. Non-members and children under the age of 15 years are not permitted in the Fitness Centre.

#### **Building Access**

All members must swipe their valid Tank Traders Multiplex electronic pass card at the door for access to the facility. Propping open the doors, sharing electronic pass cards, or allowing non-members into the fitness centre jeopardizes the security of the facility and will result in suspension of membership privileges.

## Fitness Centre Rules and Regulations

Incidents reported in writing involving disruptive behaviour, disorderly conduct, theft, engaging in or aiding illegal entry, and/or persistent disregard of Fitness Centre equipment, rules, regulations and respect for others may result in suspension of privileges.

## Member Health and Safety

All participants are expected to recognize and accept the risks inherent in their activity. Part of the risk involved in undertaking any activity or program is relative to the participant's own state of health (physical, mental or emotional) and the awareness, care and skill with which the participant conducts himself or herself in that activity or program. The specific risks vary from one activity to another. All participation in services is voluntary and each participant knowingly assumes all risks associated with his or her own participation.

## Photography

Photography is only allowed in the Fitness Centre with the express permission of the Tank Traders Multiplex staff or board executive. Any type of photography, including cell phone cameras is prohibited in the change rooms. All cell phones must be turned off when in the change rooms.

## Disclaimer

This is a release of liability-please read before signing.

The risk of injury from physical exercise may occur, and while particular judgment and caution will minimize the risk, the risk of injury does exist. By signing this form, the undersigned (herein referred to as the "user") knowingly and freely assume all such risks, both known and unknown, and assumes full responsibilities for participation. Users of the Fitness Centre are strongly encouraged to consult with a qualified health care professional before beginning an exercise program.

By signing below, the user for themselves and on behalf of their heirs assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the Tank Traders Multiplex, their officers, officials, agents and/or employees, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss of damage to persons or property; and I understand that as a member in good standing of the Tank Traders Multiplex Fitness Centre, I am expected to maintain a certain standard of behaviour and professionalism, adhere and agree to the above mentioned policies and procedures and will conduct myself accordingly.

By signing below, you acknowledge that you have read and understood this document in its entirety and agree to all the terms and conditions.

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

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

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

Witness: \_\_\_\_\_

## Emergency Contact Information

This information will be maintained in the facility's office and will be used only in the event of an emergency.

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

Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_