



BROCK SPORTS PERFORMANCE

Walker Sports Complex
1812 Sir Isaac Brock Way
St. Catharines, ON L2S 3A1

Email: BSP@brocku.ca
Phone: 905.688.5550 x4082
Web: brocku.ca/BSP

ASSUMPTION OF RISK AND INDEMNITY AGREEMENT (Brock Sports Performance)

IMPORTANT - PLEASE READ CAREFULLY: By signing this agreement you:

- confirm that you understand and agree to accept the risks associated with this activity;
- give Brock University (“Brock”) authority to secure medical assistance for you or your child for which you agree to be financially responsible;
- agree to assume financial responsibility for any damage caused by you or your child; and
- release Brock from any liability related to this activity, with the exception of gross negligence or willful misconduct.

Name of Participant: _____
(Please Print)

Name of Parent/Guardian (if Participant is under 18):

(Please Print)

Name of Activity, Program or Membership: _____

DESCRIPTION OF RISK

I am aware that by participating in the above named activity, program or membership (the “Activity”), I or my child may be exposed to the following inherent risks, including, but not limited to, the following:

- all manner of injury from physical exertion and cardiovascular output, including dizziness, shortness of breath, chest discomfort, leg cramps, sprains and/or strains;
- all manner of injury resulting from misuse, non-use and/or failure of any equipment;
- all manner of injury from exerting and/or stretching various muscle groups;
- all manner of injury arising from falling and impacting against the floor surface, walls, apparatus/equipment, the ground or other participants;
- while outside, all manner of injury resulting from falls on steep, slippery and/or uneven terrain or from impact or contact with trees, rocks, or obstructions, whether visible or non-visible;
- while outside, any injury or illness resulting from exposure to cold, wet or windy weather or the effects of heat and strong sunlight or the effects of insect bites.

ASSUMPTION OF RISK

I hereby freely accept and fully assume all such risks, dangers and hazards and the possibility of PERSONAL INJURY, DEATH, AND PROPERTY DAMAGE OR LOSS arising out of, associated with or relating to my or my child’s participation in the Activity.



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MEDICAL CONSENT & COSTS

If during my or my child's participation in the Activity, I or my child, should need emergency medical treatment and I am not able to give my consent for, or make my own arrangements for, that treatment due to my injuries or absence, I authorize Brock to take whatever measures it deems necessary to protect my or my child's health and well being, including, if necessary, securing emergency medical treatment. I acknowledge and agree that I will be responsible for any medical/health expenses that may be incurred as a result of my or my child's participation in the Activity.

MEDIA WAIVER AND CONSENT

I hereby give to Brock the perpetual, irrevocable and unrestricted right and permission to use, re-use, publish, and republish photographic portraits, pictures and other forms of media, of me or in which I, or my child, may be included ("Media") without restriction as to changes or transformations made through any and all media now or hereafter known for advertising and promotional purposes, without any compensation. I hereby relinquish any right that I may have to examine or approve the Media, the completed product or products, or the advertising copy or printed matter that may be used in conjunction therewith, or the use to which it may be applied. I hereby release, discharge and agree to save harmless Brock from any liability (i) by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form (whether intentional or otherwise) that may occur or be produced in the taking of the Media or in any subsequent processing thereof, and (ii) any publication of any Media, including without limitation any claims for libel, misappropriation of personality, or invasion of privacy.

RELEASE OF LIABILITY AND INDEMNITY

In consideration of the opportunity to participate in the Activity, I HEREBY RELEASE AND DISCHARGE BROCK AND ITS TRUSTEES, OFFICERS, EMPLOYEES, CONTRACTORS, VOLUNTEERS, AND AGENTS ("RELEASEE") FROM ALL LIABILITY OF ANY NATURE WHATSOEVER, INCLUDING WITHOUT LIMITATION, NEGLIGENCE INCLUDING, WITHOUT LIMITATION, NEGLIGENT SUPERVISION OR FAILURE TO SUPERVISE, BREACH OF CONTRACT, BREACH OF STATUTORY OR OTHER DUTY OF CARE, HOWSOEVER CAUSED OR ALLEGED TO BE CAUSED, EXCEPTING ONLY CLAIMS ARISING AS A RESULT OF A RELEASEE'S GROSS NEGLIGENCE OR WILLFUL MISCONDUCT. I FURTHER AGREED THAT I WILL BE LIABLE TO THE RELEASEE FOR AND INDEMNIFY AND HOLD HARMLESS THE RELEASEE FROM AND AGAINST ANY AND ALL CLAIMS, DEMANDS, LOSSES OR DAMAGES WHICH MAY BE BROUGHT, ALLEGED OR MADE AGAINST BROCK OR WHICH BROCK MAY PAY AS A RESULT OF OR IN CONNECTION WITH MY PARTICIPATION IN THE ACTIVITY, UNLESS CAUSED BY THE NEGLIGENCE OR WILLFUL MISCONDUCT OF BROCK.

_____ (Initial here that you have read the above paragraph)



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GENERAL

In entering into this Agreement, I am not relying upon any oral or written representations or statements made by Brock. I understand and agree that this agreement shall be effective and binding upon my heirs, next of kin, executors, administrators and legal representatives in the event of my death or incapacity. If any portion of this agreement is held to be invalid, the remainder shall continue in full force and effect.

I HAVE READ AND UNDERSTOOD THIS AGREEMENT AND UNDERSTAND THAT BY SIGNING IT I AM ACCEPTING CERTAIN RISKS AND FINANCIAL RESPONSIBILITIES AND GIVING UP IMPORTANT LEGAL RIGHTS, INCLUDING THE RIGHT TO BRING A CLAIM AGAINST BROCK.

I HEREBY ACKNOWLEDGE HAVING BEEN ADVISED TO SEEK PROFESSIONAL LEGAL ADVICE PRIOR TO SIGNING THIS DOCUMENT, AND HAVE BEEN GIVEN THE OPPORTUNITY TO DO SO.

DATE (Day/Month/Year)

SIGNATURE OF PARTICIPANT

NAME (please print)

SIGNATURE OF PARENT/GUARDIAN
(if participant is under 18)

PARENT/GUARDIAN NAME
(please print)

WITNESS SIGNATURE (Brock employee)

WITNESS NAME (please print)

This agreement must be completed in full, signed, dated, and witnessed and paragraphs initialed before the participant is allowed to participate in the activity.

PRIVACY NOTICE: Brock University protects your privacy and your personal information. The personal information requested on this form is collected under the authority of the *Brock University Act, 1964* and in accordance with the *Freedom of Information and Protection of Privacy Act* ("FIPPA"). The information will be used to administer this agreement. Direct any questions about this collection to the Director of Recreation at (905) 688-5550 x3574 or visit brocku.ca/recreation-services

PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

| YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you feel pain in your chest when you do physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. In the past month, have you had chest pain when you were not doing physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you lose your balance because of dizziness or do you ever lose consciousness? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you know of <u>any other reason</u> why you should not do physical activity? |

If
you
answered

YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- if you are or may be pregnant — talk to your doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME _____

SIGNATURE _____

DATE _____

SIGNATURE OF PARENT _____

WITNESS _____

or GUARDIAN (for participants under the age of majority)

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.



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Medical Screening Form:

Due to the nature of activities associated with the Brock Sports Performance programs, all participants are required to provide accurate health and medical information prior to participation.

All health information is maintained in the strictest confidence.

Athlete Information:

Group Name: _____

Date(s) of Program: _____

Name of Participant: _____

Date of Birth: _____

Home Address: _____

City: _____

Postal Code: _____

Phone # (Home): _____

Email Address: _____

Emergency Contact Information:

Contact Name: _____

Relationship: _____

Home Address: _____

City: _____

Postal Code: _____

Phone # (Daytime): _____

(Evening) _____

Athlete Medication/Allergy Information:

Please list any medications you are currently on, along with their purpose.
(e.g. Diovan for High Blood Pressure, Celexa for Depression/Anxiety)

Medication

Purpose



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Please list any allergic reactions to medications, food or environmental factors:

| <i>Allergy</i> | <i>Reaction</i> | <i>Treatment</i> | <i>Epipen required?</i> | |
|----------------|-----------------|------------------|--------------------------|--------------------------|
| | | | Yes | No |
| _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Note: Please remember to bring your own Epipen(s) if required.

Medical Screening Form - Continued:

For most of the time, you will be undertaking activities which are best described as “**moderate exertion** (normal walking, raking leaves, or waiting tables). Some situations may require you to momentarily engage in “**vigorous exertion**” (slow jogging, speed-walking, or fast biking).

If these types of activities are difficult for you, we strongly advise you to discuss your participation in the course with a physician who knows your health history. If these are activities in which you regularly engage without difficulty, you should be fit for participation.

Finally, there are a few specific medical conditions about which participants should always seek advice from their physicians before engaging in challenge course and climbing activities. Please consult with a physician prior to participation if you are **pregnant**, have had a **kidney or liver transplant**, are **healing a fracture or joint injury**, have had **recent surgery**, or have **Down Syndrome**. If you or your physician have any questions regarding these conditions or about the challenge course and climbing activities, feel free to contact us at (BSP@brocku.ca or 905 688 5550 x4082)



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I have reviewed this material, and have consulted with my physician if appropriate. I believe that I am fit to participate in the challenge course. I understand that I am not required to complete any event, and am free to modify my participation at any time.

Athlete Name: _____

Athlete Signature: _____

Date: _____

Authorization For Seeking Treatment of Minors:

In the event of accident or apparent illness, I irrevocably authorize Brock Sports Performance staff to secure emergency medical services and treatment for this participant if, in their judgment, such services or treatments are necessary. I understand that in the event of a medical emergency every effort will be made to contact parents or guardians.

Parent/Guardian: _____

Signature: _____

Date: _____

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