

## Interior Health

THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND LIABILITIES. PLEASE READ CAREFULLY.

Name (please print): \_\_\_\_\_

## Release, Waiver and Indemnity

I intend to use some or all of the fitness facilities/equipment offered by Interior Health Out-Patient Rehab Department.

- I am aware the hours of access for anyone other than a patient is only between the hours of 1900-0600
- I am aware that all non-exercise equipment is off limits including but not limited to; plinths, hydrocollator, computers.
- I have familiarized myself with the fitness facilities/equipment and understand my use is self-directed and unsupervised.
- I have consulted with a health care professional and agree that I may experience potential health risks, bodily injury or death and I assume full responsibility for those risks or injury.
- I am aware this space is for use of fitness equipment only.
- I understand and agree that Interior Health is not responsible for property that is lost, stolen, or damaged while in, on, or about the premises.
- I am aware this space will not be staffed during the hours available for use by staff. I acknowledge I may be alone while using this space for personal fitness.

I hereby release, waive and forever discharge Interior Health and its respective employees, agents and representatives of and from all claims, demands, damages, costs, expenses, actions and causes of action, in respect to death, injury, loss or damage to my person or property however caused, arising or to arise by reason of my use of fitness facilities/equipment, whether as a spectator or participant or otherwise.

I further agree to hold harmless and indemnify Interior Health and its employees, agents, and representatives from and against any and all claims arising from, or in any way connected with my use of, the fitness facilities/equipment.

By signing below, I acknowledge I have read, understood and agree to the above Release, Waiver and Indemnity.

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

Access Card Number (needed to grant access to space): \_\_\_\_\_

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

## OFFICE USE ONLY

Employee CAA Name: \_\_\_\_\_

Employee CAA Signature: \_\_\_\_\_

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

We recognize and acknowledge that we are collectively gathered on the traditional, ancestral, and unceded territories of the seven Interior Region First Nations, where we live, learn, collaborate, and work together. This region is also home to 15 Chartered Métis Communities. It is with humility that we continue to strengthen our relationships with First Nation, Métis, and Inuit peoples across the Interior.