

## **Informed Consent Agreement**

Thank you for choosing to use the facilities, services, or programs at The AYR Motor Centre. We request your understanding and cooperation in maintaining both your and our safety and health by reading and signing the following informed consent agreement. \*Children Disclaimer Children ages 13-14 must be accompanied by a parent/adult (18 & over). Or in order to use the Fitness Centre without accompaniment, the child must complete two Youth Safety Sessions at an extra fee of \$100.00. Approval is given by Director of Recreation/Facility Manager.

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		fferent capacity for participating ctivities, services, and programs all responsibility during and after
	Understand that part of the risk involved in undertaking any activity or prochoice to participate in any activity, service or program of the AYR Nassumption of those risks or results stemming from this choice and the and skill that I possess and use.	Notor Centre brings with it my
	Further understand the activities, programs, and services offered by the AN be conducted by personnel who may not be licensed, certified, or register accept the fact that the skills and competencies of some employees and/o to their training and experience and that no claim is made to offer assess or physical disease or condition by those who are not duly licensed, comployed to provide such professional services.	ed instructors or professionals. I or volunteers will vary according nent or treatment of any mental
	Recognize that by participating in the activities, facilities, programs, and see Centre I may experience potential health risks such as transient light-head pressure, chest discomfort, leg cramps, and nausea and that I assume willf any other symptoms that I may suffer during and immediately after my properties and the symptoms that I may suffer during and immediately after my properties are stoped or delay my participation in any activity or procedure if I so requested to stop and rest by a supervising employee who observes any syresponse.	edness, fainting, abnormal blood ully those discomfort, fatigue, or participation. I understand that I desire and that I may also be
	Understand that I may ask any questions or request further explanation or facilities, programs and services offered by the AYR Motor Centre at any participation.	
	Members are not entitled to cancel a membership or receive a refund reason. In this case, receipt of a written medical recommendation from a d	•
	ildren 13 & 14 of age must be accompanied by an adult in the weight room. Chi d under must be accompanied by:  Nicole Manuel  Mellissa McLaughlin  Email: <a href="mailto:strong.fit.healthy.lifestyle@gmail.com">strong.fit.healthy.lifestyle@gmail.com</a> Email: <a href="mailto:motivationhealthmusclefit@gmail.com">motivationhealthmusclefit@gmail.com</a>	
<u>Or</u> succ	successfully complete 2 Fitness Safety Sessions by Nicole or Mellissa	
	eclare that I have read, understood & agree to the contents of this informed consent a nature:  Signature of Parent/Legal Guardian(under age of the contents)	
Date:_	te:Witness:	

105 Connell Park Road, Woodstock, NB E7M 1M5 | (506) 325-4671

ayrmotorcentre@town.woodstock.nb.ca | www.town.woodstock.nb.ca