

# York Condominium Corporation No. 529

## INFORMED CONSENT FORM

*The Board of Directors welcomes residents' use of the facilities at York Condominium Corporation No. 529, including the Exercise Room. The Board requests your co-operation in maintaining both your safety and health by reading, understanding and signing the following Informed Consent Form.*

I, \_\_\_\_\_ recognize that a risk of personal injury may be involved in participation in the above named facility. I further understand that each person has a different capacity for participation in physical activities, and that potential health risks such as fainting, abnormal blood pressure, chest discomfort, leg cramps, nausea, or other medical complications could result. I hereby willingly assume such risk of injury or health risk for myself, and assume full responsibility during and after my use of the facilities including the Exercise Room, or any of the equipment therein.

I acknowledge that I should consult a physician before I embark on any physical activity or fitness program and that I should carefully monitor my response to said physical activity accordingly.

York Condominium Corporation No. 529, the Board of Directors or management cannot be responsible for the risks willingly assumed by me. I therefore hereby release and forever discharge and save harmless York Condominium Corporation No. 529, the Board of Directors and management from any and all actions, damages, claims and demands whatsoever arising by reason of my use of the facilities including the Exercise Room and/or any of the equipment therein.

I agree that I shall comply with all posted Rules & Regulations in the Exercise Room pertaining to its use.

I declare that I am 16 years of age or older and that I have read, understood and agreed to the terms and conditions of this Informed Consent Form in its entirety.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SUITE

**Please complete and return to Wes Brown in suite #406**