



PARTICIPATION LODGE GREY-BRUCE

GYM REGISTRATION FORM

PLEASE PRINT

Name: (Mr. Mrs. Ms.) _____

Address: _____

City/Town: _____ Prov: _____ Postal Code: _____

Telephone Home/Cell: _____ Work: _____

OTHER FAMILY MEMBERS:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Amount Paid : \$

\$150.00 per person or \$240.00 per family for 6/months Participation Lodge, RR#1 Holland Centre, ON N0H 1R0



LODGE & ADMINISTRATION

684136—30 SIDEROAD, RR#1
HOLLAND CENTRE, ON
N0H 1R0
519-794-3201
1-888-353-5542
FAX (519) 794-4186
Info@participationlodge.ca
www.participationlodge.ca

A.B.I PROGRAM

684136—30 SIDEROAD, RR#1
HOLLAND CENTRE, ON
N0H 1R0
519-794-3333
FAX (519) 794-4186

ATTENDANT CARE

HANOVER APARTMENTS

307-11TH AVENUE
UNIT #216
HANOVER, ON
N4N 3T3
PHONE/FAX
519-364-7741

ATTENDANT CARE

OWEN SOUND APARTMENTS

350-10TH STREET EAST
OWEN SOUND, ON
N4K 6P8
PHONE/FAX
519-371-4024

- RESIDENTIAL PROGRAM
- ABI PROGRAM
- RESPITE PROGRAM
- OUTREACH PROGRAM
- APARTMENT PROGRAMS
- RECREATION PROGRAM
- THERAPEUTIC POOL
- GYM
- SNOEZELEN ROOM
- BANQUET/BOARD ROOM

**ASK ABOUT OTHER PROGRAMS
AND SERVICES AVAILABLE**

WAIVER

CAUTION:

If you have any of the following conditions:

1. Bad back
2. Pregnant or if you suspect that you are pregnant
3. Recent abdominal surgery
4. Heart condition
5. Problems involving your joints i.e.: arthritis

Or if you have any other problem that would increase your risk of injury, approval from your physician is required before you use any of the equipment or facilities supplied by PARTICIPATION LODGE. \

WAIVER OF RESPONSIBILITY:

I, _____ do hereby assume all responsibility for any injury incurred to my person while using the equipment and facilities owned and operated by PARTICIPATION LODGE. I do also hereby acknowledge that PARTICIPATION LODGE assumes no responsibility for any personal injury sustained by me while using the GYM, POOL, FAMILY ROOM, SNOEZELEN ROOM, BANQUET HALL & KITCHEN areas. It is further understood and agreed that PARTICIPATION LODGE and its employees are hereby released from any actions, causes of actions or proceedings for any known injuries, losses or damages and/or anticipated but which may later develop or be discovered, including all the effects and consequences thereof, and further agree not to make any claim or to take any proceedings against PARTICIPATION LODGE under the provisions of the Negligence Act or any Act of Law against PARTICIPATION LODGE, ITS AGENTS OR SERVANTS.

I acknowledge that I have been advised of medical risks that may result from participation in programs offered by PARTICIPATION LODGE. I hereby state to PARTICIPATION LODGE that I have consulted my personal physician or other health care specialist/authority and that I am physically capable of participating in the mentioned programs.

I have been specifically advised of special medical risks associated with participating in the above mentioned programs for persons whose age or general physical conditions makes illness or injury as a result of such participation more likely.

I hereby execute and deliver this waiver and release to induce PARTICIPATION LODGE to permit me to participate in these programs.

SIGNED: _____ DATE: _____

WITNESSED: _____ DATE: _____