



# Informed Consent Agreement



Thank you for choosing to use the activities, facilities, programs or services of Mount Royal University and the Alberta Sport Development Centre – Calgary Region. We request your understanding and cooperation in maintaining your safety and health by reading and signing the following INFORMED CONSENT AGREEMENT

I, \_\_\_\_\_ **declare** that I intend to use some or all of the activities, facilities, programs and services (herein after called “Activities”) offered by Mount Royal University & the Alberta Sport Development Centre – Calgary Region and I understand that each person (myself included), has a different capacity for participating in such Activities. **I am aware** that all Activities offered are educational, recreational or self-directed in nature. I assume full responsibility during and after my participation in such Activities and for my choice to use or apply at my own risk, any portion of the information or instruction I receive.

**I understand** that part of the risk involved in undertaking any of the Activities is relative to my own state of fitness or health (physical, mental or emotional) and the awareness, care and skill with which I conduct myself in any of the Activities of Mount Royal University and the Alberta Sport Development Centre – Calgary Region. In addition, I understand that I am free to withdraw from, reduce or modify my involvement in any of the Activities and I realize that I should do so on recognition of any signs of physical discomfort which may include: transient lightheadedness, fainting, chest discomfort, leg cramps, nausea, etc.

**I further understand** that the possible risks involved in participating in a programs may include: muscle, tendon, ligament, bone and joint soreness; muscle, tendon, and ligament strain, tear or rip; bruising; death; skin lacerations; tears; cuts or punctures; shortness of breath, dizziness, fainting or unconsciousness; tightness in chest; bone breaks, discoloration, separations, or fractures; fatigue; sweating; eye punctures; heart attack or stroke; aggravation of an existing or past injury; discomfort or problem with any other injury; discomfort or physical problem associated with physical activity.

I have read the above list of possible risks associated with the program or assessment developed and implemented by a certified fitness trainer employed by Mount Royal University. \_\_\_\_\_ (*initial*).

I consent to taking all of the above noted risks by VOLUNTARY PARTICIPATION in the program or assessment designed and implemented by a certified fitness trainer employed by Mount Royal University \_\_\_\_\_ (*initial*).

I declare that I have read, understood and agree to the contents of this INFORMED CONSENT AGREEMENT in its entirety.

Participant: \_\_\_\_\_ Witness: \_\_\_\_\_

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

### Parent/Guardian Release

I acknowledge that I have read this Informed Consent Agreement and that I understand the words and language in it. By signing this I agree with the terms and stipulations of the Informed Consent Agreement and am agreeing to these terms on behalf of said minor. I also understand that this Informed Consent Agreement is valid for the duration of time that this minor participates unless rescinded through my written instructions.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_