

SPRY IN THE HILLS – WAIVER FORM

SESSION: _____ (e.g. Fall/Winter 2016)

Terms & Conditions:

Before undertaking any physical activity, we recommend you consult a physician, especially if you have had any heart problems, are over the age of 40, have been physically inactive in the past, or have any joint pain.

WAIVERS:

A. GENERAL INFORMATION RELEASE WAIVER (2016):

The following are examples of how personal information may be used and disclosed for program related activities and are not intended as an all-inclusive list. These activities form a vital part of a healthy and functioning organization and the participation of all registrants in these activities is viewed as an important part of every participant's enjoyment and development.

1. The use of a registrant's name, address, telephone number, email address, birth date, address, telephone number, and email address for identification purposes for SPRY related activities.
2. The use of a registrant's name, address, email address and any other related contact information for the purpose of acquiring voluntary assistance when required.
3. The use of a registrant's name, telephone number, and related contact information for changes to schedules and any other SPRY program related activities.
4. The use of a registrant's name and/or photo for community newsletters.
5. The use of individual or group photos taken during a SPRY related session or event, for display during SPRY related functions or program promotional purposes.
6. The use of a registrant's name and any health and/or related personal information to assist authorized individuals in responding to emergency situations and to assist the participants who have a medical or other condition.
7. Participants are under no obligation to consent to points 4 or 5, above: it is their voluntary decision to do so. However, if you do not wish to consent to any or all of points 4 or 5, it is your responsibility to make the NHCA aware of this, in writing, before you start the program. This consent remains valid for the current program season only. Please note: Photos, videos or images of registrants attending or participating in a SPRY activity that are open to the general public may be taken by the general public and used for purposes within and outside NHCA SPRY without the authorization of NHCA.

In completing registration for this program, I have read and understand the waiver information provided above and agree that I hereby voluntarily consent to the use and disclosure of the specified personal information as noted above, unless I follow the actions and terms in point 7, with respect to points 4 or 5 only.

I also voluntarily consent to the use of my email address for the purposes of membership administration and periodical community information updates from the NHCA, and to this information being provided to all authorized persons in the NHCA, including, but not limited to, instructors, coordinators and registrars.

B. LIABILITY & RISK WAIVER (2016):

1. This release form is inclusive of all NHCA SPRY programs and activities for the current season.
2. In agreeing to this waiver, the participants recognize that yoga, dance and exercise are physical activities and that accident and/or injuries to participants can result.

In completing registration for this program, I consent to participation in any and all of the programs and activities of the NHCA Seniors' Program (SPRY in the Hills). I assume all risks and hazards incidental to the conduct of the activities including transportation to and from such activities.

I do further hereby release, absolve, indemnify and hold harmless the instructors and volunteers appointed by the NHCA.

FULL NAME _____
(Please print)

SIGNATURE _____ DATE (dd/mm/yyyy) _____

WITNESS _____