



Wellness Centre Games 2018 Registration Form

Name: _____ Age: _____ Weight: _____

Phone Number: _____ Email: _____

Injuries/Limitations: _____

Emergency Contact Name/Number: _____

Participating in : Strength Challenge Obstacle Course Both

SWC Games Student Members Staff Member Staff Non-Member Student Non-Member

***Student/ Staff Non-Members must fill out GAQ and release of liability Agreement**

Subtotal: _____

HST: _____

Total: _____

**Registration Deadline:
November 27th @ 4:00
pm**

METHOD OF PAYMENT

Cash

Debit

Credit

Time slot picked online: _____

Participant Signature: _____ Date: _____

FOR OFFICE USE ONLY

Form Completed By: _____

Signature: _____



STUDENT WELLNESS CENTRE GAMES - INFORMED CONSENT AGREEMENT

Thank you for choosing the Fanshawe College Student Wellness Centre and taking part in our Student Wellness Centre Games. We request your understanding and cooperation in maintaining your safety and health by reading and signing the following INFORMED CONSENT AGREEMENT.

I, _____ (please print) acknowledge and understand that I have voluntarily chosen to take part in the Student Wellness Centre Games held by the Fanshawe College Student Wellness Centre. I hereby affirm that I am in good physical condition and I do not suffer from and injuries, limitations or disabilities that would impact or prevent my participation in the Student Wellness Centre Games.

1. I have been informed and fully understand that the activities in this program are considered high risk due to high intensity, speed and heavy weightlifting and am voluntarily participating in the Student Wellness Centre Games.
2. I expressly acknowledge and agree that the activities of the Student Wellness Centre Games involve significant and inherent risk of injury or illness, including the potential for serious injury.
3. The risks can include but are not limited to; sweating, fatigue, muscle, tendon and ligament damage, bone and joint soreness, strains or tears, bruising, lacerations, punctures, joint dislocations, bone fractures, aggravation or existing or past injuries, shortness of breath, dizziness, fainting, tightness in chest, heart attack, stroke or death.
4. I agree to observe and obey all posted rules and warnings, follow all instructions given to me by Fanshawe College Student Wellness Centre staff and volunteers.
5. I understand and agree that the Student Wellness Centre is not responsible for any lost, stolen or damaged property during the event.
6. I consent to the use of my image in photographs, motion pictures or recordings taken during the Student Wellness Centre Games for use in Fanshawe College Student Wellness Centre advertising, marketing or promotion.
7. If I observe any unusual and/or significant hazard during my participation, I will remove myself from participation and bring such hazard to the attention of the nearest Wellness Centre employee or volunteer
8. I understand that I am free to withdraw, reduce or modify my involvement in any activities at any time and realize that I should do so on recognition of any signs of physical discomfort.

I acknowledge and consent to taking all of the above noted risks by voluntarily participating in the Student Wellness Centre Games at the Fanshawe College Student Wellness Centre.

I release the owner and manager of the Fanshawe College Student Wellness Centre as well as directors, officers, employees and volunteers of the Fanshawe College Student Wellness Centre from claims that may be made by myself or other parties based on any injury I may sustain.

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

PARTICIPANT:

WITNESS

Name: _____

Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____