



EMPLOYEE AND AUTHORIZED GUEST FITNESS CENTRE MEMBERSHIP

The Fitness Centre, located in Waap Amgam at the Terrace campus, is available for use by Coast Mountain College employees and their authorized guests.

To obtain access, employees must submit a completed and signed Fitness Centre Membership and Waiver Form to fitnesscentre@coastmountaincollege.ca. Employees are responsible for submitting all required documentation on behalf of their authorized guests; guests may not submit forms directly.

Government-issued identification is required for verification purposes, and applicable membership fees must be paid at the campus store prior to activation.

Members aged 13 to 17 may use the Fitness Centre with a waiver signed by a legal guardian. Members aged 13 to 16 must also be accompanied by someone 18 or older unless otherwise approved through the signed waiver.

The College reserves the right to deny or revoke membership where an individual has engaged in conduct contrary to College policies, including but not limited to harassment, violence, theft, or misuse of facilities.

The standard processing time for membership applications is one to two business days, excluding statutory holidays and campus closures.

Membership Type

- Employees - \$30 per month
- Authorized Guest - \$30 per month and a one-time fee of \$16.81 for a fob
- Regional Employees - \$30 per 30 days
- Regional Authorized Guest - \$30 per 30 days and a one-time fee of \$16.81 for a fob

Employee Information

First Name:	Last Name:	Employee ID:
Email:	Campus and Department:	
Emergency Contact:		



Authorized Guest Information

First Name:	Last Name:	Date of Birth:
Relation to Employee:	Emergency Contact:	

I understand and agree to adhere to Fitness Centre rules and etiquette outlined in ADM-010, *Fitness Centre Policy* and ADM-010P, *Fitness Centre Procedure* prior to my participation. I understand that any violation of the policy and procedure may be cause for suspension or revocation of my membership at the sole discretion of Coast Mountain College. I further understand that my membership is non-transferable and non-refundable, and will not be given to anyone else for use.

The personal information collected through this form is under the authority of the [BC Freedom of Information and Protection of Privacy Act](#) (FOIPPA-BC). Any information that you provide is treated confidentially and will be accessed by Coast Mountain College's Housing and Fitness Centre Officer. By submitting this form, the

information will be sent to fitnesscentre@coastmountaincollege.ca and will be kept confidential within the scope of which the situation necessitates or as required by law.

By submitting this form and signing below, I confirm that I have read and understood the College's Fitness Centre Policy and Procedure.

Member Signature: _____ **Date:** _____

If the member is under the age of 18:

Parent/Guardian Signature: _____ **Date:** _____



COAST MOUNTAIN COLLEGE WAIVER

Read this document carefully before signing. It affects your legal rights, assumption of risk, informed consent, and release of liability and waiver of claims.

Name: _____

Employee Number: _____

I, the employee/authorized guest named above, request permission to use the Fitness Centre at Coast Mountain College (CMTN).

In consideration of my use of the exercise equipment and facilities provided by CMTN, I expressly agree and contract, on behalf of myself, my heirs, executors, administrators, successors, and assigns that CMTN and its insurers, employees, officers, directors and associates, shall not be liable for any damages arising from personal injuries (including death) sustained by me, in, on, or about the premises, or as a result of the use of the equipment or facilities, regardless of whether such injuries result, in whole or in part, from negligence on the part of CMTN.

ACCEPTANCE OF RISK

By the execution of this agreement, I accept and assume full responsibility for any and all injuries, damages (both economic and non-economic), and losses of any type, which may occur to me and I hereby fully and forever release and discharge CMTN, its insurers, employees, officers, directors, and associates, present or future, from any and all claims, demands damages, rights of action, present of future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of the use of said equipment and facilities.

I agree to be solely responsible for my safety and wellbeing. I understand that CMTN does not provide supervision, instruction, or assistance for the use of facilities and equipment.

I agree to comply with all the rules imposed by CMTN regarding the use of the facilities and equipment. I agree to conduct myself in a controlled and reasonable manner at all times, and to refrain from using equipment in a manner inconsistent with its intended design and purpose.

I understand and acknowledge that the use of exercise equipment involves risk of serious injury, including permanent disability and death.

I understand and agree that CMTN is not responsible for property that is lost, stolen, or damaged while in, on, or about the premises.

I understand and agree that my use of the facilities and equipment is only to be undertaken on my own personal time, and that my use of the facilities and equipment is not within the course or scope of my employment.



COAST MOUNTAIN COLLEGE WAIVER CONTINUED

I am aware that CMTN does not provide any form of insurance or other resource that would cover or compensate me for personal injury (including death), property damage other losses including (without restriction), disability and loss of income or third-party liability claims against me. I accept that it is my responsibility to provide for myself insurance or other resources for such matters.

I HAVE READ AND I UNDERSTAND THIS AGREEMENT AND ENTER INTO IT OF MY OWN FREE WILL. I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM ACKNOWLEDGING CERTAIN RISKS AND I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, EXECUTORS, ADMINISTRATORS, AND ASSIGNS MIGHT OTHERWISE HAVE AGAINST THE RELEASEES.

Signed this _____ Day of _____ 20____.

Signature of Witness: _____

Parent/Guardian Signature: _____ Date: _____

Member Signature: _____ Date: _____