



a place of mind  
THE UNIVERSITY OF BRITISH COLUMBIA

## School of Kinesiology



### UBC BODYWORKS MEMBERSHIP AGREEMENT FOR THE CHANGING AGING PROGRAM AT THE KERRISDALE COMMUNITY CENTRE

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

#### TERMS AND CONDITIONS:

By enrolling in the *Changing Aging* Program at the Kerrisdale Community Centre, I acknowledge that I am required to provide UBC BodyWorks with a medical Referral Form before I will be permitted to participate in the program. I also acknowledge that if my health changes during the term of my membership, I am required to inform UBC BodyWorks, and UBC BodyWorks may require me to obtain an updated medical Referral Form prior to continuing my participation in the program. If I am renewing my membership in the *Changing Aging* Program at the Kerrisdale Community Centre and my health has not changed, I will advise UBC BodyWorks and UBC BodyWorks may not require me to provide a new medical Referral Form, in its sole discretion.

#### HEALTH STATUS:

I acknowledge and agree that it is my responsibility to ensure that I am physically and mentally fit to undertake the *Changing Aging* Program at the Kerrisdale Community Centre offered by UBC BodyWorks, and that it is my responsibility to obtain medical clearance from my physician prior to my participation in the program if I am unsure about my ability to participate. Further, I acknowledge and agree that UBC BodyWorks may prevent or restrict my participation in the *Changing Aging* Program at the Kerrisdale Community Centre if it believes that it is not safe for me to participate, in its sole discretion. I further acknowledge and agree that should my health change during the term of this Agreement, it is my responsibility to ensure that I remain physically and mentally fit to continue my participation in the *Changing Aging* program at the Kerrisdale Community Centre prior to any further participation.

☐ I would like to receive further correspondence from UBC (e.g., newsletters, invitations, updates and fundraising information).

#### PLEASE READ THE ABOVE CAREFULLY BEFORE SIGNING:

SIGNATURE: \_\_\_\_\_

Osborne Centre, Unit 2, 6108 Thunderbird Blvd., Vancouver, BC V6T1Z3  
Tel: 604.822.0207, Fax: 604.822.8998

Your personal information is collected under the authority of section 26(c) of the *Freedom of Information and Protection of Privacy Act* (FIPPA). This information will be used for the purpose of evaluating your application for membership in UBC BodyWorks. Questions about the collection of this information may be directed to UBC Bodyworks at the address, phone, and fax numbers provided above.



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### UBC BODYWORKS

#### RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS

**BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS,  
INCLUDING THE RIGHT TO SUE IN THE EVENT OF INJURY**

**PLEASE READ CAREFULLY**

INITIAL

**TO: THE UNIVERSITY OF BRITISH COLUMBIA, including its School of Kinesiology**

#### ASSUMPTION OF RISKS

I am aware that **using the UBC BODYWORKS FITNESS CENTRE and/or participating in any UBC BODYWORKS programs and/or services** involves many risks, dangers and hazards including, but not limited to: overexertion or lack of conditioning or fitness; defective, dangerous or unsafe equipment; use, misuse or non-use of any equipment; dangerous or unsafe conditions in any facilities; impact or entanglement with obstructions, apparatus, equipment, floor surface or walls; contact or collision with other participants; negligence of other participants; and **NEGLIGENCE ON THE PART OF THE UNIVERSITY OF BRITISH COLUMBIA OR ITS EMPLOYEES INCLUDING THE FAILURE ON THE PART OF THE UNIVERSITY OF BRITISH COLUMBIA OR ITS EMPLOYEES TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS REFERRED TO ABOVE.** I am also aware that the risks, dangers and hazards referred to above exist within a variety of facilities on or off campus, including but not limited to: roadways, parking areas, shower rooms, hallways, stairs, elevators, change rooms, fields, campus buildings and other facilities.

**I AM AWARE OF THE RISKS, DANGERS AND HAZARDS ASSOCIATED WITH MY USE OF THE UBC BODYWORKS FITNESS CENTRE AND MY PARTICIPATION IN ANY PROGRAMS AND/OR SERVICES OFFERED BY UBC BODYWORKS AND I FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE AND LOSS RESULTING THEREFROM.** I am also aware that the **University of British Columbia** does not carry accident or medical or dental insurance on my behalf.

#### RELEASE OF LIABILITY, WAIVER OF CLAIMS

In consideration of the **University of British Columbia** allowing me to use the UBC BodyWorks Fitness Centre and/or to participate in any UBC BodyWorks Fitness Centre programs and/or services and permitting my use of its equipment, structures and other facilities, and for good and valuable consideration, the receipt and sufficiency of which is acknowledged, I hereby agree as follows:

- 1. TO WAIVE ANY AND ALL CLAIMS** that I have or may in the future have against **THE UNIVERSITY OF BRITISH COLUMBIA**, its Board of Governors, directors, officers, employees, agents and representatives, (all of whom are hereinafter collectively referred to as "THE RELEASEES") and **TO RELEASE THE RELEASEES** from any and all liability for any loss, damage, expense or injury including death that I may suffer, or that my next of kin may suffer, resulting from my use of the UBC BodyWorks Fitness Centre and/or my participation in any UBC BodyWorks programs and/or services **DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE OCCUPIERS LIABILITY ACT, R.S.B.C. 1996, c. 337, ON THE PART OF THE RELEASEES, AND ALSO INCLUDING THE FAILURE ON THE PART OF THE RELEASEES TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS REFERRED TO ABOVE;**

2. This Agreement and any rights, duties and obligations as between the parties to this Agreement shall be governed by and interpreted solely in accordance with the laws of the Province of British Columbia and no other jurisdiction; and
3. Any litigation involving the parties to this Agreement shall be brought solely within the Province of British Columbia and shall be within the exclusive jurisdiction of the Courts of the Province of British Columbia.

In entering into this Agreement I am not relying upon any oral or written representations or statements made by the Releasees with respect to the safety of the UBC BodyWorks Fitness Centre and/or any UBC BodyWorks Fitness Centre programs and/or services other than what is set forth in this Agreement.

**I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Please print name clearly



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### UBC BodyWorks Fitness Centre Referral Form

UBC BodyWorks is a community-based fitness facility that is supervised by a certified Clinical Exercise Specialist (ACSM) and Exercise Physiologist (CSEP), and an Outreach Program of the School of Kinesiology. It is for people with stable chronic conditions who are interested in receiving specialized guidance for preventive health through progressive physical activity and education. Our programs and services are appropriate for at-risk patients who request a Personal Health Risk Assessment (Healthy Families BC) conducted by their Primary Care Provider. A free intake appointment is available for your patient. **Please fax this completed form to us so your patient can start a physical activity program with BodyWorks as soon as possible.**

Full Name (First, Middle, Last): \_\_\_\_\_

Birthdate (month/day/year): \_\_\_\_\_ ☐ Male ☐ Female

**Based on your patient's health status, please check one of the following:**

A ☐ Participation in unrestricted physical activity is encouraged.

B ☐ Participation in progressive physical activity is advised with the following limitations and precautions:

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C ☐ Participation is *not advisable* at this time. A medically-supervised exercise program is required.

#### REFERRING HEALTH CARE PROVIDER INFORMATION

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone: \_\_\_\_\_

Profession: ☐ Primary Care Provider ☐ Physiotherapist ☐ Other

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

I would like to receive updates on my patient's progress: ☐ Yes ☐ No

Recommended Health/Fitness Goal: \_\_\_\_\_

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Your personal information is collected under the authority of section 26(c) of the *Freedom of Information and Privacy Act* (FIPPA). This information will be used for the purpose of evaluating your application for admission to the UBC BodyWorks Fitness Centre. Questions about the collection of this information may be directed [kin.outreach@ubc.ca](mailto:kin.outreach@ubc.ca).

#### UBC BODYWORKS FITNESS CENTRE

*Home of the Changing Aging™ Program*

University of British Columbia, School of Kinesiology  
6108 Thunderbird Blvd, Vancouver, BC, V6T 1Z3  
[www.outreach.kin.educ.ubc.ca](http://www.outreach.kin.educ.ubc.ca)

Phone: (604)822-0207 | Fax: (604)822-8998

Email: [kin.outreach@ubc.ca](mailto:kin.outreach@ubc.ca)