

WELLNESS CENTER MEMBERSHIP



First Name: _____ Last Name: _____

Program/Course: _____

Course Start Date: ____ / ____ / ____ Course End Date: ____ / ____ / ____

Phone # _____ Student /Staff ID: _____

Email: _____ Date of Birth: ____ / ____ / ____

Emergency Contact: _____ Relationship: _____

Phone # _____

Membership Type:

- Student - Free
- Staff - \$30 / Month
- Staff plus one - \$30 / Month (plus a one-time card fee)

What to do next:

1. If you need to pay for your membership, please see the clerk in the Campus Store located on the first floor of Waap Haawk (House of Birch).
2. Attach a copy of your receipt to this form, then submit it to the Student Services Team.
3. Please contact Student Services for your gym orientation tour prior to access.

**The lockers and showers located in Waap Amgam (House of Cedar) washrooms are free for all Wellness Center members.*

**Replacement cards are \$15 for all students and staff in the unfortunate event that they are lost or damaged.*

**Members under the age of 18 need a parent or guardian's signature.*

MEMBERSHIP RULES

1. Coast Mountain College requires that you wear appropriate gym attire while in the wellness Center. Inside gym shoes and all gym related attire are acceptable, street clothes and outside shoes are not.
2. No Smoking, alcohol, drugs, or vaping of any kind will be tolerated. You cannot engage in any activity while under the influence in any way.
3. Photo/filming: taking photos or filming others without their prior knowledge and consent is not tolerated.
4. Please clean off machines after use and place your weights back where they belong.
5. Your student/staff badge is solely for your personal access. It is not to be used to scan any other student, staff or member of the public into the wellness center at any time for any reason. As a safety issue there is a zero-tolerance policy and will result in the immediate revoking of all Wellness Center Privileges.
6. Coast Mountain College is not responsible for loss or damage of personal property.
7. Members assume all responsibility for the use of Wellness Center equipment.
8. While in Coast Mountain College Facilities, we do not permit and do not tolerate any inappropriate conduct. Such conduct includes, without limitation to, using loud, abusive, insulting, demeaning language, profanity, lewd conduct or any conduct that harasses or is bothersome to other members and students.
9. If any member violates any of the policies or rules, Coast Mountain College will ask that person to stop or leave. A member's violation of any of the policies or rules may also cause Coast Mountain College, in its sole discretion, to terminate that person's membership and /or other agreements.

I agree to adhere to the above rules and regulations of the Wellness Center. I agree to familiarize myself with all of the rules and regulations prior to my participation. I understand that any violation of the rules may be cause or suspension or cancellation of my membership and/or usage at the sole discretion of Coast Mountain College. I further understand that my membership is non-transferable and non-refundable, and shall not be given to non-members for use.

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

Member Signature: _____ **Date:** ____/____/____

WELLNESS CENTER WAIVER



COAST MOUNTAIN COLLEGE

READ THIS DOCUMENT CAREFULLY BEFORE SIGNING IT. IT AFFECTS YOUR LEGAL RIGHTS. ASSUMPTION OF RISK, INFORMED CONSENT, AND RELEASE OF LIABILITY AND WAIVER OF CLAIMS.

Name: _____ (please print)

Student/employee Number: _____

I, the student/staff/staff plus one above, request permission to utilize the Wellness Center at Coast Mountain College (referred to as 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 of CMTN.

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, from any and all claims, demands, damages, rights of action, or causes of action, present or future, whether the same be known or unknown, anticipated, or unanticipated, resulting from or arising out of the use of said equipment and facilities.

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 or future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of the use of said equipment and facilities;



WAIVER CONTINUED:

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.

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 for 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:** ____/____/____