

quad west registration & release form

name: _____

address: _____

city: _____

province: _____

postal code: _____

phone number: _____

email address: _____

date of birth: _____

(month/date/year)

emergency contact: _____

phone number: _____

referred by: _____

comments or suggestions:

i subscribe to and accept the following:

quad, registered in the province of ontario, shall not be liable for any damage arising from any personal injuries sustained by a guest or a member on or around the premises of quad. a guest or a member in attending **quad** and using its facilities and equipment does so at his/her own risk.

a guest or a member or their child or children assumes full responsibility for any injuries or damages which may occur to him/her using said facilities and he/she does hereby fully and forever release and discharge quad, its owners, employees and agents from any and all claims, demands, damages, rights of action or causes of actions, present or future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of a member's or a guest's use or child's intended use of quad's facilities and equipment.

i warrant, represent and agree that i am in good physical condition and have no disability, impairment or ailment preventing me from engaging in active or passive exercise that will be detrimental or inimical comfort or physical condition if i do so engage or participate. **quad** shall not be liable for the loss, theft of or damage to the personal property of a guest or a member.

i agree to keep and obey all the rules and regulations now in force or prescribed by **quad** for the use of its facilities and equipment.

signature: _____ **date:** _____

quad west

phone: 905 842 1812

fax: 905 842 8006

