The Integrated Fitness Society
2820 Bushnell Place
North Vancouver, BC, V7J 2Y8

VOLUNTEER WAIVER

Please read and sign the following waiver of liability. By signing below, you will waive certain rights including the right to sue. Please read carefully.

Disclaimer Clause:
The Integrated Fitness Society herein referred to as the Society are not responsible for any loss, damage, injury or death suffered by any person from any cause whatsoever including without limitation the negligence of the Society and their respective servants, agents or employees.

Agreement:
In consideration of the Society accepting this application, I, the undersigned, for myself, my heirs, executors, administrators and assigns release the Society, its' respective servants, agents, or employees from any claims, demands, damages, actions or causes of actions arising out of or in consequence of any loss, injury, or damage to my person or property incurred while attendant at or participating in any activity of the Society notwithstanding any such loss, injury or damage that may have arisen by reason of the negligence of the Society, its' respective servants, agents or employees. Without limiting the generality of the foregoing, I further release any recourse, which I may now or hereafter have resulting from any decision of the Society. I confirm that I have read and understood this waiver of liability and being of sound mind and of legal age, I hereby acknowledge my acceptance of the above Disclaimer Clause by my signature below (parent or guardians please sign below for minors).

Indemnification:
In consideration of the Society accepting this application, I, _____ (your name or parent or guardian) agree to indemnify the Society, its' respective servants, agents or employees from any claims or demands that might be made against the Society arising out of or in consequence of any event or activity sanctioned by the Society. If under the age of 18, indemnification must be signed by a parent or guardian.

_____ _____
Your Signature Date

_____ _____
Parent/Guardian Signature if under 18 years old Date

_____ _____
Witness Signature Date

Please send completed waiver to:
info@interfit.ca
2820 Bushnell Place
North Vancouver, BC
V7J 2Y8