

CSCE Activity Participation Form

Alexandria Bourget Cornwall Crysler Embrun Limoges

Activity:

Complete name:

Health card #:

Address:

Postal code:

Date of birth:

Telephone #:

Email:

I would like to receive by email information on CSCE programs, services and activities.

Allergies:

Important health
issues:

Emergency
contact (name):

Telephone #:

Photo Consent

I authorize the Centre de santé communautaire de l'Estrie (CSCE) to take my photograph. I also hereby agree that the pictures taken during the course of the activity may be used to promote the activity or overall services of the CSCE by way of pamphlets, information bulletin, CSCE website and Facebook page, information booths and others.

Yes No

INFORMED CONSENT AGREEMENT FOR PHYSICAL ACTIVITY

I am willing to participate in a community-based physical activity program. I am aware that the exercises include: walking, weight-bearing, cardiovascular, strength, flexibility, balance and endurance activities involving the use of all muscles and joints.

I understand that I will be provided instruction by any or all of the following providers: Centre de santé communautaire de l'Estrie (CSCE) staff, volunteers, students and contracted fitness leaders. I understand that every participant has different level of physical fitness and skill and I recognize that it is my responsibility to inform the instructor(s) of my limitations and needs. I understand that part of the risk involved in undertaking any activity or program is dependent on my own state of fitness or health and I will report any changes in my health to the instructor.

I understand that I am free to withdraw from, reduce or modify my involvement in the program activities and realize I should do so upon any signs of light-headedness, fainting, chest discomfort, leg cramps, nausea and/or any other symptoms.

I understand and agree that I have been made aware of the risks and benefits of participating in physical activity. I have been offered the Physical Activity Readiness Questionnaire (PAR-Q) screening tool and understand that consultation with a Primary Care Provider is recommended if I answered "Yes" to one or more of the questions on the PAR-Q. I also understand that, in a community-based exercise program, the decision to participate is made at the risk of the individual participant.

I therefore agree that Centre de santé communautaire de l'Estrie, including its partners/organizers/volunteers/contracted workers/students/funders, is not liable for any loss, damage or personal injury that I may suffer as a result of my participation in any of its community-based programs.

I declare that I have been made aware of the risks, benefits and alternatives associated with my participation in the program and have read, understood, and agree with the contents of this *INFORMED CONSENT AGREEMENT*.

Signature:

Participant: _____

Date: _____