

B o w V a l l e y S q u a r e

FITNESS CENTRE

Welcome to the Bow Valley Square Fitness Centre!

We are pleased that you have expressed an interest in joining the Fitness Centre and we look forward to assisting with your health and fitness goals! The Bow Valley Square Fitness Centre staff is committed to providing you with exceptional service through quality physical activity programs and educational resources.

In order to become a member and gain access, please ensure that you have completed ALL of the following:

- Membership Application
- Membership Agreement
- Read and sign the Informed Consent Agreement
- Pre-Authorized Payment Authorization Form (choose credit card or banking).
- Member Code of Conduct and Centre Rules – Read and sign
- GAQ - Questionnaire

Submitting your information using Shapenet is always private and secure. The security measures encrypt all your personal information, including your credit card/banking details.

Note: the minimum membership period is four months.

Please feel free to approach us with any questions, concerns or suggestions you may have.

Sincerely,

Neil Speirs

Corporate Supervisor – West Division
LIV North Limited

FITNESS CENTRE

MEMBERSHIP APPLICATION		SHADED AREAS FOR OFFICE USE ONLY			
MEMBERSHIP #	SECURITY CARD #	START DATE:	DD	MM	YY
NAME FIRST	LAST	DOB:	DD	MM	YY
HOME ADDRESS	POSTAL CODE	CELLPHONE			
COMPANY NAME	EMAIL	BUSINESS PHONE			
EMERGENCY CONTACT NAME	RELATIONSHIP	EMERGENCY CONTACT PHONE			

CHECK APPROPRIATE BOX BELOW:

- NEW MEMBER
- RENEWING MEMBERSHIP

MONTHLY FEE
PRO-RATED FEE
REJOINING ADMIN FEE
INITIAL PAYMENT

CANCELLATION: Cancellation notification must be received no later than the 31st of the month to be effective for month-end. Members who wish to cancel and rejoin within (12) twelve months must pay a \$50.00 administration fee.

PRIVACY: Bow Valley Square Fitness Centre is committed to protecting personal information by following responsible information handling practices in accordance with the provisions of the Personal Information Protection Act (PIPA) of Alberta. The member hereby gives permission for the Bow Valley Square Fitness Centre or its nominees, associates, and affiliates or their employees, to collect any personal information contained in this document, maintain personal information already on file and to collect further information for the purpose of contacting the member by mail, fax, telephone and/or email.

I understand and agree to the above. _____ (initial)

PAYMENT AUTHORIZATION: I hereby authorize the Bow Valley Square Fitness Centre to collect membership fees, by pre-authorized chequing or credit card payment, at the current rate. Rates may be adjusted in subsequent years with notice posted in the Bow Valley Square Fitness Centre 30 days in advance. I have read and understood the terms and conditions of membership.

MEMBER SIGNATURE	DD	MM	YY
LIV NORTH AUTHORIZED SIGNATURE	DD	MM	YY

FITNESS CENTRE

MEMBERSHIP AGREEMENT – Read Carefully

Term: This agreement does not have a set term.

Pre-Authorized Payment: The member agrees to pay the Bow Valley Square Fitness Centre (LIV North) the monthly fees and to the process specified in the attached Pre-Authorized Payment Agreement.

Membership Cancellation: The member may cancel this membership at any time after a minimum of 4 months by providing notice in writing to the Centre. Notice must be received by the 31st of the month to be effective for the following month.

Code of Conduct and Rules: The member agrees to abide by the code of conduct and rules of the Bow Valley Square Fitness Centre and any amendments which may be enacted hereinafter. Please see the Code of Conduct and Rules in this package.

Informed Consent: The member is required to read and sign the Informed Agreement which is attached as part of this Membership Agreement.

Liability and Release: By use of the facilities and signing below the member agrees as follows:

I, for myself, my heirs, executors, and administrators, and any person or party claiming by, through or under any of them:

release and forever discharge the Bow Valley Square Fitness Centre, LIV North Limited., OPGI Management GP Inc., OPGI Management LP, Bow Valley Leaseholds Limited, OMERS Realty Corporation and Albari Holdings Ltd and each of their successors and assigns and each of their subsidiaries, affiliates, partners, directors, officers, employees, agents, member instructors and independent contractors (collectively called the "Released Parties") from any claims, actions, costs, expenses and demands in respect of death, injury, loss or damage to my person or property (including without limitation, under the Occupiers' Liability Act) wherever or however caused, including, without limitation, the negligence of one or more of the Released Parties, arising out of or in connection with the use or intended use of the Bow Valley Square Fitness Centre or the Activities (collectively, a "Claim"); and agree to hold harmless and indemnify the Released Parties for any and all Claims made against the Released Parties by any person.

Privacy: LIV North Limited is committed to protecting personal information by following responsible information handling practices in accordance with the provisions of the Personal Information Protection Act (PIPA) of Alberta. The member hereby gives permission for LIV North or its nominees, associates, and affiliates or their employees, to collect any personal information contained in this document, maintain personal information already on file and to collect further personal information only for the purposes of establishing and maintaining communications with the member by mail, telephone and/or email in respect of their Bow Valley Square Fitness Centre membership.

In signing this agreement, I acknowledge having reviewed all components of this membership package including the Agreement; Pre-Authorized Payment; Informed Consent; ParQ+; and Code of Conduct.

Member Signature*:

Date*:

Bow Valley Square

FITNESS CENTRE

INFORMED CONSENT AND AGREEMENT AND RELEASE FORM

For participation in all activities at Bow Valley Square Fitness Centre

Please read carefully before signing.

Date: _____

Thank you for choosing to use the activities, facilities, programs or services of Bow Valley Square Fitness Centre. We request your understanding and cooperation in maintaining your safety and health by reading and signing the following INFORMED CONSENT AND AGREEMENT AND RELEASE FORM.

I, **(PLEASE PRINT)** _____ declare that I intend to use some or all of the activities, facilities, programs and services (hereinafter called "Activities") offered by Bow Valley Square Fitness Centre. I assume full responsibility for my health and well-being during and after my participation in such Activities and for my choices to use or apply at my own risk any portion of the information or instruction I receive.

I understand that part of the risk involved in undertaking any of the Activities is relative to my own state of fitness or health (physical, mental or emotional) and to the awareness, care and skill with which I conduct myself in any of the Activities of Bow Valley Square Fitness Centre. In addition, I understand that I am free to withdraw from, reduce or modify my involvement in any of the Activities and I realize that I should do so on recognition of any signs of physical discomfort, which may include: light-headedness, fainting, chest pain or discomfort, leg cramps, nausea, etc.

I, for myself, my heirs, executors, and administrators, release and forever discharge Bow Valley Square Fitness Centre, LIV North Ltd., OPGI Management GP Inc., OPGI Management LP, Bow Valley Leaseholds Limited, OMERS Realty Corporation, Albari Holdings Ltd. and each of their successors and assigns and each of their affiliates, directors, officers, employees, agents, member instructors and independent contractors (collectively called the "Released Parties") from any claims, actions, costs, expenses and demands in respect of death, injury, loss or damage to my person or property (including without limitation, under the Occupiers' Liability Act) wherever or however caused, including, without limitation, the negligence of one or more of the Released Parties, arising out of or in connection with the use or intended use of Bow Valley Square Fitness Centre.

I consent to taking all of the above noted and other risks by VOLUNTARILY PARTICIPATING in all and any fitness programs, which may or may not be designed and implemented by a qualified fitness consultant employed by Bow Valley Square Fitness Centre: _____ **(PLEASE INITIAL)**.

I declare that I have read, understood and agree to the contents of this INFORMED CONSENT AGREEMENT & RELEASE FORM in its entirety, and I have signed it voluntarily.

Member Signature: _____ Witness: _____

Date: _____ Date: _____

(Adapted from Fitness Standards Safety Committee, "Safety Standards" from Screening of Participants Planning to Engage in Activities and Programs Offered by the Ontario Fitness Industry, Third draft, January 1989, p.7)

FITNESS CENTRE

Pre-Authorized Payment Plan

Membership No
Name
Home Address
City/Province
Postal Code
Home Telephone
Business Telephone

I/we authorize Bow Valley Square Fitness Centre and/or LIV North Limited to charge monthly dues to my/our bank account or credit card. Bow Valley Square Fitness Centre is authorized to change the amount of the monthly payment by giving the member 30 days written notice of the change. Failure on the part of the member to advise in writing of his/her disagreement with the change in the amount of the monthly payment within 10 days shall be deemed to be full acceptance of such change.

(Initial: _____)

I/we agree to notify Bow Valley Square Fitness Centre and/or LIV North Limited in writing within 10 days of any change to bank or credit card account information.

(Initial: _____)

All authorized charges will be made on, or after, the 15th day of each month. Should any bank or credit card payments not clear or are not honored by the members financial institution for any reason whatsoever, authorization is hereby given to Bow Valley Square Fitness Centre and/or LIV North Limited to collect the amount refused or dishonored plus a \$20.00 non sufficient fund (NSF) fee, payable in full by money order or certified cheque.

(Initial: _____)

This authorization may be cancelled at any time upon written notice, to the Bow Valley Square Fitness Centre or LIV North Limited by the Member (cancellation deadline is the 31st of the month to be effective for month-end).

(Initial: _____)

- Pre Authorized Chequing Payment
- Void Cheque Attached
- Pre Authorized Credit Card Payment (Visa/MasterCard)

Name on Card (please print)	Card #	Expiry	ccv/csc

Member Name:
Member Signature:
Date:

For a joint account, all depositors must sign, if more than one signature is required on cheques issued against the account.

Attach Void Cheque

FITNESS CENTRE

Bow Valley Square Fitness Centre: Member Code of Conduct and Centre Rules

The Bow Valley Square Fitness Centre has been designed to offer all tenants the opportunity to participate in fitness and wellness activities that are enjoyable and beneficial to their health. In order to promote these objectives, the facility must be shared by all members, with a view to ensuring that members consider the impact of their actions upon others using the facility. While much of this information is "common sense" to most of us, some codes may differ from other fitness facilities that you may have frequented in the past.

Members are expected to behave in a responsible manner that is consistent with this Code of Conduct and **WILL**:

- comply with the Fitness Centre hours of operation (5:00 a.m. - Midnight, Monday - Friday) and will vacate the facility, including locker rooms, no later than midnight (gym floor closes at 11:45 p.m.). Weekends and holidays the facility hours of operation will be 6:00 a.m. – 10:00 p.m. and will vacate the facility, including locker room no later than 10:00 p.m. (gym floor closes at 9:45 p.m.).
- keep safety in mind at all times
- consult with fitness staff, if unfamiliar with the equipment, or safe exercise principles
- ask another member to "spot" them, if performing heavy lifts (fitness staff will not usually "spot" members, however, Personal Trainers will)
- allow others to "work in" with them, when performing multiple sets on a machine or bench (everyone has limited time to exercise and the equipment must be shared by all)
- be courteous and respectful in dealings with other members and staff; verbal or physical abuse will not be tolerated
- treat Fitness Centre property and equipment in a proper manner to avoid damage or injury
- avoid the use of profanity or other inappropriate language while on the premises
- deposit their soiled towels into the bins provided, and NOT leave towels on the benches or counters
- avoid using scents or perfumes, that may cause discomfort to others with allergies
- spray down their machines/benches, if it is obvious that they have perspired on (or otherwise soiled)
- wear appropriate fitness clothing and launder their clothing prior to each workout; shoes are mandatory (except for some yoga/Pilates mat workouts)
- contact staff on duty, if they wish to show/tour a co-worker, or new hire, through the facility (it is preferable that fitness staff conduct the tour, at their discretion)

FITNESS CENTRE

Members **will NOT**:

- wear "outdoor" or open-toe shoes in the facility, regardless of whether the member feels that they are sufficiently clean or safe to warrant usage
- drop dumbbells, barbells or other equipment, which could cause damage or injury, or disrupt other members unnecessarily
- use hand chalk or other products that leave a residue on the equipment
- shave in the showers
- interrupt classes while they are in session (please try to arrive on time, or at least within the first five minutes of the class)
- attempt to "train" or instruct other members, whether pre-arranged or unplanned, regardless of whether the member feels that they have sufficient knowledge to do so (only LIV North staff are permitted to train members)
- consume food or beverages except for water or sports drinks in a closed container
- attempt to bring a non-member onto the premises for the purposes of exercising or using the locker rooms (this facility is for the use of members only)
- attempt to bring in an outside Personal Trainer or class instructor or other therapist
- use the facility while under the influence of alcohol or drugs
- commit theft or other illegal actions
- use a cell phone inside the locker room

Members who do not comply with this Code of Conduct or the Rules of Membership will be given a warning and/or may be asked to leave the premises, and/or may have their membership privileges suspended or cancelled.

Member Signature*: _____ Date*: _____

Physical activity improves your physical and mental health. Even small amounts of physical activity are good, and more is better.

For almost everyone, the benefits of physical activity far outweigh any risks. For some individuals, specific advice from a Qualified Exercise Professional (QEP – has post-secondary education in exercise sciences and an advanced certification in the area – see csep.ca/certifications) or health care provider is advisable. This questionnaire is intended for all ages – to help move you along the path to becoming more physically active.

- I am completing this questionnaire for myself.
- I am completing this questionnaire for my child/dependent as parent/guardian.

PREPARE TO BECOME MORE ACTIVE

The following questions will help to ensure that you have a safe physical activity experience. Please answer **YES** or **NO** to each question before you become more physically active. If you are unsure about any question, answer **YES**.

- 1 Have you experienced **ANY** of the following (A to F) **within the past six months**?
 - A A diagnosis of/treatment for heart disease or stroke, or pain/discomfort/pressure in your chest during activities of daily living or during physical activity?
 - B A diagnosis of/treatment for high blood pressure (BP), or a resting BP of 160/90 mmHg or higher?
 - C Dizziness or lightheadedness during physical activity?
 - D Shortness of breath at rest?
 - E Loss of consciousness/fainting for any reason?
 - F Concussion?
- 2 Do you currently have pain or swelling in any part of your body (such as from an injury, acute flare-up of arthritis, or back pain) that affects your ability to be physically active?
- 3 Has a health care provider told you that you should avoid or modify certain types of physical activity?
- 4 Do you have any other medical or physical condition (such as diabetes, cancer, osteoporosis, asthma, spinal cord injury) that may affect your ability to be physically active?

..... ➤ **NO** to all questions: go to Page 2 – ASSESS YOUR CURRENT PHYSICAL ACTIVITY

YES to any question: go to Reference Document – ADVICE ON WHAT TO DO IF YOU HAVE A YES RESPONSE ... ➤➤

ASSESS YOUR CURRENT PHYSICAL ACTIVITY

Answer the following questions to assess how active you are now.

- 1 During a typical week, on how many days do you do moderate- to vigorous-intensity aerobic physical activity (such as brisk walking, cycling or jogging)? DAYS/
WEEK
 - 2 On days that you do at least moderate-intensity aerobic physical activity (e.g., brisk walking), for how many minutes do you do this activity? MINUTES/
DAY
- For adults, please multiply your average number of days/week by the average number of minutes/day: MINUTES/
WEEK

Canadian Physical Activity Guidelines recommend that adults accumulate at least 150 minutes of moderate- to vigorous-intensity physical activity per week. For children and youth, at least 60 minutes daily is recommended. Strengthening muscles and bones at least two times per week for adults, and three times per week for children and youth, is also recommended (see csep.ca/guidelines).



GENERAL ADVICE FOR BECOMING MORE ACTIVE

Increase your physical activity gradually so that you have a positive experience. Build physical activities that you enjoy into your day (e.g., take a walk with a friend, ride your bike to school or work) and reduce your sedentary behaviour (e.g., prolonged sitting).

If you want to do **vigorous-intensity physical activity** (i.e., physical activity at an intensity that makes it hard to carry on a conversation), and you do not meet minimum physical activity recommendations noted above, consult a Qualified Exercise Professional (QEP) beforehand. This can help ensure that your physical activity is safe and suitable for your circumstances.

Physical activity is also an important part of a healthy pregnancy.

Delay becoming more active if you are not feeling well because of a temporary illness.



DECLARATION

To the best of my knowledge, all of the information I have supplied on this questionnaire is correct.
If my health changes, I will complete this questionnaire again.

I answered **NO** to all questions on Page 1



Sign and date the Declaration below



I answered **YES** to any question on Page 1

Check the box below that applies to you:

- I have consulted a health care provider or Qualified Exercise Professional (QEP) who has recommended that I become more physically active.
- I am comfortable with becoming more physically active on my own without consulting a health care provider or QEP.



Name (+ Name of Parent/Guardian if applicable) [Please print]

Signature (or Signature of Parent/Guardian if applicable)

Date of Birth

Date

Email (optional)

Telephone (optional)

With planning and support you can enjoy the benefits of becoming more physically active. A QEP can help.

- Check this box if you would like to consult a QEP about becoming more physically active.
(This completed questionnaire will help the QEP get to know you and understand your needs.)