



**Facility Use Waiver – Humber College Athletics
The Humber College Institute of Technology and Advanced Learning
(Hereinafter referred to as “Humber College”)**

Name: _____ Student Number (if applicable): _____ Birthday _____

Address: _____ City: _____ Postal Code: _____

Phone Number: _____ Email: _____

WARNING! BY SIGNING THIS FORM, YOU AGREE TO WAIVE SOME IMPORTANT LEGAL RIGHTS - PLEASE READ CAREFULLY!

By signing below, I confirm that I understand, accept and acknowledge the following:

- I am aware that using the Humber College Athletics facilities, participating in fitness activities and being active, involve certain risks and dangers which are inherent to such activities and include but are not limited to death, serious neck and spinal injuries, head or eye injuries, serious injuries to virtually all bones, injuries or impairment to other aspects of my body, general health and well-being, as well as exposure to communicable diseases.
- I understand that I am responsible for determining if I am able to participate in fitness activities. By utilizing Humber College’s Athletics facilities, I warrant that I am able to safely exercise, and that I have received a physician’s clearance to exercise if I have/had any medical issues or injuries.
- I solely assume all risks associated with my participation in any physical activity at Humber College, including, but not limited to the use of the gymnasium, weight room, cardio room, and fitness classes.

In consideration of membership with Humber College Athletics, I agree and understand the risks (including health risks) and dangers related to my participation in fitness activities at Humber College and I agree:

- **To waive any and all claims** that I have or may have in the future against Humber College and its members, officers, employees, board of governors, students, agents, volunteers and independent contractors; and
- **To release, hold harmless and indemnify Humber College** from any and all liability for any injury, loss, expense, or damage of any kind sustained by myself or any person arising out of or in connection with any activity I participate in, including any liability due to the negligence of a breach of care.
- **Community Memberships:** To renew my membership within a two-week window of its expiry; otherwise, renewal will not be possible if membership sales are closed. Renewing a membership remains the responsibility of the member. Expiry date is on the membership card. No notification will be given in advance from the Athletics Department.
- I acknowledge that the Athletics Department may adjust its operating hours throughout the year inclusive of Statutory Holidays, Staff training sessions, and for a portion of December when the College is closed. Please note that hours are subject to change without prior notice.
- To show respect to all employees and adhere to the policies and procedures outlines by the Humber Athletics Department. Failure to do so may result in the forfeiture of the membership privileges. Humber Athletics reserves the right to terminate a membership for breach of polices or procedures.

I acknowledge that I have read this agreement, that I have executed this agreement voluntarily, that I have been given the opportunity to seek independent legal advice and that this agreement is to be binding upon myself, my heirs, next of kin, executors, administrators and representatives, in the event of my death or incapacity.

Signed this _____ day _____, 20____ at Humber College, Toronto, ON.

Signature of Participant
(or Guardian if under 18 years of age)

Signature of Witness

In case of emergency, please contact:

Name(s): _____

Relationship to you: _____

Phone Number: _____