

GymWorks™ @ Richmond Oval

Membership Activation Request



GymWorks is a partnership program with local fitness facilities, health clubs and community centres including the Richmond Olympic Oval. Please fill out and submit to activate your membership and begin your #Ovaltrained experience.

Applicant First Name: _____

Applicant Last Name: _____

Richmond Oval Account # (if known): _____

Sport: _____

Date of Birth: _____

Club/Team/Affiliate Organization: _____

Email: _____

Phone #: _____

Attach copy of CSI Card front and back

MindBody Online

I have a MindBody online account

(If you do not please [Create Your MindBody Online Account Now](#))

Renewal:

- Your membership perks including free parking and free member booking will become deactivated as soon as your pass expires.
- To ensure no lapse in your membership and access to parking, make sure you submit your CSI Card Expiry for the following season as soon as you receive it.
- Any lapse in membership reactivation may result in delayed access or pay to play use until documents are received with the possibility of no refund.
- Parking infraction fines are not managed by the Richmond Oval. If you receive an infraction, please confirm that your vehicle information on file is accurate and up to date: aromanick@richmondoval.ca

Other Helpful Links:

- [Your Access and Perks](#)
- [Health and Safety at the Oval](#)

Follow and Tag us in your Training Pursuits while you visit the Oval: @ovalhp @richmondoval

6111 River Road, Richmond, BC, V7C 0A2 | ovalhp.ca

The Richmond Olympic Oval Corporation (the "Oval") asks for your permission to take one or more photographs of you and/or your child and to use, reproduce, and release to others such photographs. By signing this Photograph Waiver/Release, you are agreeing to this on the terms set out in this document.

I, _____ (please print name), agree to permit the Oval to take one or more photographs and video of me and/or my child and to use, reproduce and release to others such images, whether in photographic, digital, electronic or other form for any Oval purposes. Such purposes may include, but are not limited to, using them in Oval publications, posters, its internet website or other media, for promotional, social, recreational, cultural, educational, research, commercial, good will and archival purposes. The Oval may also provide these photographs to a third party providing a service for the Oval for use in connection with providing that service. I understand that my image or that of my child could possibly be seen worldwide. I agree not to sue the Oval or its employees, officials, officers, volunteers, representatives, agents or contractors, or bring claims or demands of any nature against any of them in connection with any matters referred to in this Photograph & Video Waiver/Release including, without limitation, the use, reproduction or release of my image or that of my child.

I also agree to the inclusion of my name, and/or my child's name in connection any of the matters referred to herein:
 Yes No

Personal contact information will be treated as confidential, subject to any statutory requirements or lawful orders or directives, unless you consent in writing to a further request for its release.

PARTICIPANT'S / CHILD'S NAME	AGE OF PARTICIPANT / CHILD

 Signature (or Parent Signature - if for a child under 18 yrs old)

 Date

 Email or other Contact Address

 Phone #

(For Richmond Olympic Oval Office Use Only)	
Activity/Event & Location: _____	
Photo Description (of person): _____	
Photographer Name: _____	Phone #: _____
Photo Title or Number: _____	
Location in shared Drive: _____	

Participant Information

First Name: _____ Last Name: _____

Home Phone #: _____ Cell #: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____ Date of Birth: _____

Emergency Contact Name: _____

Relationship: _____ Phone #: _____

Medical Information**ALLERGY DETAILS**

Allergies: If "Yes", explain:

MEDICAL CONDITIONS

Medical Conditions: If "Yes", explain:

Family Physician Name: _____ Physician's Phone #: _____

INJURY DETAILS

Current injuries: If "Yes", please provide a brief description:

History of injuries: If "Yes", Please provide a brief description, and when:

Medical Professional Name: _____ Medical Professional's Phone #: _____

Permission is hereby **Grant** or **Deny** for the Richmond Olympic Oval to contact the above mentioned physician or medical professional regarding relevant medical conditions and/or injuries.

RELEASE OF LIABILITY & WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

Disclosure and Participant's Assumption of Risks

In consideration of being allowed to participate in the activities at Richmond Olympic Oval in any way, the undersigned acknowledges, appreciates and agrees that:
The risk of injury from the activities involved is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist. Activities may include the use of artificial structures to allow climbing, some hazards of which include protection or hardware failure, rope failure or structural failure of the artificial surface. I acknowledge that it is my responsibility to advise the Richmond Olympic Oval of any medical or other conditions which may affect my participation in any program or training sessions. In the event that I require medical attention, I consent to be transported to the nearest emergency centre and receive medical treatment, including by ambulance if necessary, and accept that I am responsible for any costs of such ambulance service.

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Richmond Olympic Oval, the City of Richmond, their owners, coaches, contractors and/or employees, and, if applicable, lessees of the Richmond Olympic Oval, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

PARENT OR GUARDIAN OF A MINOR

I consent to my child's participation at the Richmond Olympic Oval. I am aware that there are risks associated with participation in Richmond Olympic Oval programs, including the risk of injury, and I consent to my child's participation in spite of such risks. I consent to permit the staff of the Richmond Olympic Oval to take my child/guardian on outings to public spaces that may involve transportation in a vehicle. I acknowledge that it is my responsibility to advise the Richmond Olympic Oval of any medical or other conditions which may affect my child's participation at the Richmond Olympic Oval.

In the event that my child requires medical attention, I consent to my child being transported to the nearest emergency centre and receiving medical treatment, including by ambulance if necessary, and accept that I am responsible for any costs of such ambulance service.

I HAVE READ THIS WAIVER AND RELEASE OF LIABILITY FORM, FULLY UNDERSTAND ITS TERMS, AND I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant's Signature

Parent/Guardian Signature (if participant is under 19 years of age)

Name

Name

Date

Date

Permission is hereby **Grant** or **Deny** for the Richmond Olympic Oval to take and use photographs of the above mentioned participant for promotions and records.

When you have completed the form click the SUBMIT button to send it to the HP coordinator. Be sure to attache the front and back of your CSI card.