

Client Activity Agreement Release and Waiver Form

(If you are under 18 years of age, a parent/guardian signature is required)
Attention: Please read the following very carefully as it affects your legal rights.

I, by signing below, and in participating in physical activities and programs offered to me through Bridges Community Health Centre (CHC), fully understand and agree to the following:

1. I acknowledge that the activities and programs that I choose to participate in with Bridges CHC may involve certain elements of personal risk or the chance of an accident or injury, and I hereby release Bridges CHC and its elected directors, employees and agents and their respective successors, assigns, heirs and executors from all claims for loss, damage or injury.
2. I will abide by all applicable Bridges CHC policies and rules, as may be amended from time to time, and will follow all instructions of the appropriate Bridges CHC staff in carrying out the activities and programs in which I choose to participate.
3. I will not over exert myself and will only carry out the activities that I know I can do safely and properly, as per my physician's recommendations.
4. I will immediately notify the appropriate Bridges CHC staff of any incident that involves property damage or personal injury during my activity.

By signing this form:

- I acknowledge that I have read and understood the preceding conditions, release and waiver; and
- I agree to the preceding conditions, release and waiver.

If the client is under the age of 18, by signing this form as a parent or guardian:

- I acknowledge that I have read and understood the preceding conditions, release and waiver; and
- I agree to the preceding conditions, release and waiver as they apply to my child;
- I have given permission for my child to participate in the activity specified above with Bridges CHC

PROTECTED AND CONFIDENTIAL WHEN COMPLETED

Thank you for completing this form which provides the Health Centre with statistics that are required by the Ministry of Health and Long-term Care. Bridges Community Health Centre (CHC) is a "Health Information Custodian" (as per The Personal Health Information Protection Act) which means that we store your Personal Health Information (PHI) in our systems. In accordance with the Act, we collect PHI directly from you or from the person acting officially on your behalf (e.g. your Substitute Decision Maker). The PHI that we collect may include your name, date of birth, Health Card Number, address, health history, records of your visits to Bridges CHC and the care that you received during those visits. Occasionally, we collect PHI about you from other sources only if we have obtained your consent or if permitted by law. Such other sources could include other health service providers working with us to provide care to you (e.g. hospitals, specialists, etc.). Staff at the Centre operate as a team to provide the best services possible to you. As such, you may deal with more than one staff member, which means that staff may need to share information to help serve you.

ALL INFORMATION IS KEPT CONFIDENTIAL WITHIN THE CENTRE AND IS USED ONLY FOR HEALTH-RELATED PURPOSES.

Comments or Limitations to Consent: Date of Application: _____	<input type="checkbox"/> I have read and understand this information Client Signature: (Please sign below →)
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