LEVEL BY OXFORD PROPERTIES

www.centennialfitness.ca

LIVunLtd

LEVEL Fitness Centre at Centennial Place MEMBERSHIP APPLICATION

SHADED AREAS FOR OFFICE USE ONLY					
MEMBERSHIP #	**SECURITY CARD #**	**START DATE →**	**MM**	**DD**	**YY**
NAME: FIRST **LAST**		**DATE OF BIRTH →**	**MM**	**DD**	**YY**
HOME ADDRESS	**POSTAL CODE**	**CELL PHONE:**			
COMPANY NAME	**WORK EMAIL**	**BUSINESS PHONE:**			
EMERGENCY CONTACT NAME (*required)	**EMERGENCY CONTACT PHONE (*required)**	**RELATIONSHIP**			

CHECK APPROPRIATE BOX BELOW:

☐ NEW MEMBER

☐ RETURNING MEMBER

MONTHLY FEE
PRO-RATED FEE
REJOINING ADMIN FEE
INITIAL PAYMENT

CANCELLATION: Cancellation notification must be received no later than the 20th of the month to be effective for month-end. There is a four (4) month minimum membership term.
Term (paid in full) memberships that are not renewed by the 20th of the last term month will be considered a cancellation. Tenants must pay a $50.00 administration fee to rejoin.

PRIVACY: LEVEL Fitness Centre at Centennial Place 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 LEVEL Fitness Centre at Centennial Place 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 cancellation/privacy terms. _____ **(initial)**

PAYMENT AUTHORIZATION: I hereby authorize LEVEL Fitness Centre at Centennial Place to collect membership fees, by pre-authorized debit or credit card payment, at the current rate. Rates may be adjusted with notice posted in LEVEL Fitness Centre at Centennial Place 30 days in advance. I have read and understand the terms and conditions of membership.

MEMBER SIGNATURE	DD	MM	YY

RETURN APPLICATION **INTACT** TO LEVEL at CENTENNIAL PLACE

New member orientation complete and copy of policies & procedures received	DD	MM	YY
LIVunLtd. AUTHORIZED SIGNATURE			

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LEVEL FITNESS CENTRE at CENTENNIAL PLACE
MEMBER CODE OF CONDUCT

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

- Keep safety in mind at all times and exercise at your own risk
- Be courteous and respectful to other members and staff; verbal or physical abuse/harassment will not be tolerated (including the use of profanity or other inappropriate language)
- Consult with fitness staff, if unfamiliar with the equipment, or safe exercise principles
- Treat Fitness Centre property and equipment in a proper manner to avoid damage or injury; return equipment used to its proper storage place
- Use safety collars/clips on all weight bars
- 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)
- Clean/sanitize machines, benches and mats after use and deposit soiled towels into the bins provided
- 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
- Use a lock on any locker used to store personal belongings

Members ***will NOT***:

- Drop dumbbells, barbells or other equipment, which could cause damage or injury, or disrupt other members unnecessarily
- Take/make phone calls on the weight floor
- Use hand chalk or other products that leave a residue on the equipment
- Shave in the showers or use a cell phone inside the locker room
- Interrupt classes while they are in session (please arrive on time for classes)
- 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 LIVunLtd staff are permitted to train members)
- Attempt to bring a non-member or outside Personal Trainer/Instructor onto the premises
- Leave personal belongings in the locker room when not using the facility

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

Member Signature*: _____ Date*: _____

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LEVEL FITNESS CENTRE at CENTENNIAL PLACE

INFORMED CONSENT AND AGREEMENT AND RELEASE FORM

For participation in all activities at LEVEL Fitness Centre at Centennial Place
(Suite 285, 520 - 3rd Avenue S.W. Calgary, AB T2P 0R3)

Please read carefully before signing

Date: _____

Thank you for choosing to use the activities, facilities, programs or services of LEVEL Fitness Centre at Centennial Place. We request your understanding and cooperation in maintaining your safety and health by readingand 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 LEVEL Fitness Centre at Centennial Place. I assume full responsibility for my health and well-being during and aftermy 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 LEVEL Fitness Centre at Centennial Place. 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 soon recognition of any signs of physical discomfort, which may include (without limitation): light-headedness, fainting, chest pain or discomfort, leg cramps, nausea, etc.

I, for myself, my heirs, executors, and administrators, release and forever discharge LEVEL Fitness Centre at Centennial Place, LIVunLtd., OMERS REALTY CORPORATION AND 1001232744 ONTARIO INC., by their manager, without personal liability, OPGI Management GP Inc. as general partner for the OPGI Management Limited Partnership 520-3 Ave SW Calgary AB T2P 0R3 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 the LEVEL Fitness Centre at Centennial Place (which, for certainty, shall include all indoor fitness facilities and any ancillary outdoor locations utilized for the Activities).

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 LEVEL Fitness Centre at Centennial Place: _____ (***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 form 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)

LEVEL Fitness Centre at Centennial Place
Pre-Authorized Payment Plan

Name: _____

I/we authorize LEVEL Fitness Centre at Centennial Place and/or LIVunLtd. to charge monthly dues to my/our debit or credit card. LEVEL Fitness Centre at Centennial Place 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 LEVEL Fitness Centre at Centennial Place and or LIVunLtd. in writing within 10 days of any change to debit or credit card account information.
(Initial: _____)

All authorized charges will be made on, or after, the **1st** day of each month. Should any bank payments not clear or are not honored by the member's financial institution for any reason whatsoever, authorization is hereby given to LEVEL Fitness Centre at Centennial Place and or LIVunLtd. to collect the amount refused or dishonored plus a $20.00 non-sufficient fund (NSF) fee, payable in full.
(Initial: _____)

This authorization may be cancelled at any time upon written notice; to LEVEL Fitness Centre at Centennial Place or LIVunLtd. by the Member (cancellation deadline is the **20th of each month** to be effective for month-end).
(Initial: _____)

☐ Pre Authorized Debit Payment

☐ Pre Authorized Credit Card Payment

Card Type	Name on Card (please print)	Card #	Expiry

Member Name:
Member Signature:
Date:

Postal Code

CVV Code

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

Get Active Questionnaire

CANADIAN SOCIETY FOR EXERCISE PHYSIOLOGY –
PHYSICAL ACTIVITY TRAINING FOR HEALTH (CSEP-PATH®)

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**.

YES	NO	
○	○	**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 ➤➤

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CSEP | SCPE
THE GOLD STANDARD IN EXERCISE SCIENCE AND PERSONAL TRAINING

Get Active Questionnaire

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.)

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