FATHER LEONARD VAN TIGHEM SCHOOL

25 Stoney Crescent West
Lethbridge, Alberta T1K 6V5
(403) 381-0953 · Fax: (403) 381-0906

Shannon Collier, Principal
Justin Molas & Cason Machacek, Associate Principals

HONEST ACCEPTING WISE KIND SPIRITUAL

Tuesday, November 10, 2026

Dear Parents & Guardians:

My name is Michele Hammel and I am teaching your child Lifestyle Fitness option this quarter. As part of our programming, we have the exciting opportunity to visit multiple local fitness centres and experience a variety of different exercise programs during the next few weeks. These trips are listed here:

- Tuesday, November 17, 2026 - Lethbridge Fitness Club (waiver required): Departure from school 12:45 pm, return to school 1:50 pm
- Thursday, November 26, 2026 - YMCA of Lethbridge: Departure from school 12:30 pm, return to school 1:50 pm
- Tuesday, December 1, 2026 - Harvest Yoga Studio (waiver required): Departure from school 12:45 pm, return to school 1:50 pm
- Thursday, December 10, 2026 - YMCA of Lethbridge: Departure from school 12:30 pm, return to school 1:50 pm
- Thursday, January 7, 2027 - Lethbridge Fitness Club (waiver required): Departure from school 12:45 pm, return to school 1:50 pm
- Tuesday, January 12, 2027 - Harvest Yoga Studio (waiver required): Departure from school 12:45 pm, return to school 1:50 pm
- Thursday, January 14, 2027 - YMCA of Lethbridge: Departure from school 12:30 pm, return to school 1:50 pm
- Tuesday, January 26, 2027 - Lethbridge Fitness Club (waiver required): Departure from school 12:45 pm, return to school 1:50 pm

Students will be travelling to and from these locations by bus and will be under teacher supervision for the duration of the trip. The cost for these trips is included in the students' option fee. Please complete the attached informed consent form as well as the individual waivers for each of the above gyms.

I give: _____ (student name – first & last) permission to attend the fitness field trips on November 17, November 26, December 1, December 10, January 7, January 12, January 14, and January 26.

Emergency contact name and phone number: _____ _____

(Name of contact) (phone # of contact)

I do **NOT** give: _____ (student name – first & last) permission to attend the Fitness field trips on November 17, November 26, December 1, December 10, January 7, January 12, January 14, and January 26.

***If permission to attend is not given or the form is not returned, students will stay back at the school and work on their studies.**

_____

(Parent/Guardian Signature)

Sincerely,

Michele Hammel

lomanhammelm@holyspirit.ab.ca

"Many Hands Building A Better World"

The Holy Spirit Roman Catholic Separate School Division

Informed Consent Form –
_____

INFORMED CONSENT AND
ASSUMPTION OF RISK AGREEMENT (to be executed by parents / guardians of Individual (Child) who is under the age of majority)

By signing this document, you will assume certain risks and responsibilities, please read carefully.

Individual (Child)'s Name: _____ School Name: Father Leonard Van Tighem School

Location: Father Leonard Van Tighem School, YMCA of Lethbridge, CrossFit Framework, reformHer, Harvest Yoga, Lethbridge Fitness Club Start/Departure Time: 12:15 pm

Grade/Class: _____ End/Return Time: 2:15 pm

Teacher/Supervisor in Charge: Michele Loman-Hammel Date: ongoing November 2026 - January 2027

1. This is a binding legal agreement. Clarify any questions or concerns before signing. As an Individual participating in programs, classes, and events sponsored or organised` by The Holy Spirit Roman Catholic Separate School Division and its schools (collectively the "School Division"),the activities can include but are not limited to: fitness activities, including stretching, yoga, weight lifting, cardiovascular training, equipment use, conditioning activities (collectively the "Activities"), the undersigned, being the Individual and Individual's Parent/Guardian (collectively the "Parties"), acknowledge and agree to the terms outlined in this agreement.
2. I am the Parent / Guardian of the Individual and have full legal responsibility for the decisions of the Individual.

Parent/Guardian's Name:_____ Phone Number: _____

Description of Risks

3. The Individual is participating voluntarily in the Activities. In consideration of that participation, the Parties hereby acknowledge that they are aware of the risks, dangers and hazards that they may be exposed to, which include, but are not limited to:

   A. Contracting COVID-19 or any other contagious disease;

   B. Extreme weather conditions;

   C. Travel to and from events which are an integral part of the Activities.

   D. Negligence of other persons, including other spectators, Individuals, or employees;

   E. Privacy breaches, hacking, technology malfunction or damage of the information collected;

Fitness Gym Activities

Activity

Fitness Gym activities can include but are not limited to: events, games, tournaments, practices, training, personal training, dry land training, the use of strength training and fitness conditioning equipment, machines and facilities, nutritional and dietary programs, orientations or instructional sessions or lessons, and aerobic and anaerobic conditioning programs.

Description of Risks

A. Physical contact with other participants including tackling, being tackled, and other potentially dangerous collisions;

B. Executing strenuous and demanding physical techniques, and exerting and stretching various muscle groups;

C. Vigorous physical exertion, strenuous cardiovascular workouts and rapid movements;

D. The failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment;

E. Spinal cord injuries which may render the Individual permanently paralyzed;

F. Serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of the Individual's body or to the Individual's general health and well-being;

G. Abrasions, sprains, strains, fractures, or dislocations;

H. Privacy breaches, hacking, technology malfunction or damage;

I. Concussion or other head injuries, including but not limited to closed head injury or blunt head trauma;

J. Physical contact with other Individuals, spectators, equipment, and hazards;

K. Not wearing appropriate safety or protective equipment;

L. Failure to act safely or within the Individual's ability or within designated areas;

M. Falling, tripping, slipping, and tackling on grass, turf, and other surfaces may result in bacterial infections and rashes;

N. Collisions with fences, poles, stands, and sporting equipment;

4. The Parties understand and acknowledge that:

A. The Activities have foreseeable and unforeseeable inherent risks, hazards and dangers that no amount of care, caution or expertise can eliminate, including without limitation, the potential for serious bodily injury, and in rare occurrences, permanent disability, paralysis and loss of life;

B. The School Division has a difficult task to ensure safety and it is not infallible. The School Division may be unaware of the Individual's fitness or abilities, may give incomplete warnings or instructions, may misjudge weather or environmental conditions, and the equipment being used might malfunction;

5. In consideration of the School Division allowing the Individual to participate in the Activities, the Parties agree:

A. That the Individual's mental and physical condition is appropriate to participate in the Activities;

B. That when the Individual practices or trains, the Parties are responsible for the Individual's surroundings and the location and equipment that is selected for the Individual;

C. To comply with the rules and regulations for participation in the Activities including the Safety Guidelines for Physical Activity in Alberta Schools as enforced by the RESPONSIBLE PERSON in their club / team / cohort;

D. To a rescheduling of the Activities, should unforeseen circumstances affect the viability of these Activities;

E. To comply with the rules of the facility or equipment;

F. That if the Individual observes an unusual significant hazard or risk, the Individual will remove themselves from participation and bring such to the attention of a School Division representative immediately;

G. The risks associated with the Activities are increased when the Individual's abilities are compromised, for any reason, including, but not limited to fatigue, muscle strain, compromised vision, minor injury and the Individual agrees not to participate if impaired in any way;

H. That it is the Individual's sole responsibility to assess whether any Activities are too difficult for the Individual. By the Individual commencing an Activity, they acknowledge and accept the suitability and conditions of the Activity;

I. That the Parties acknowledge that they have considered and disclosed to the School Division all physical or mental health conditions, allergies, intolerances, and any other risks associated with

these conditions, that could potentially affect the Individual's ability to safely participate in the Activities. Permission for the Individual to participate in the Activities is therefore based upon belief that the Individual does not have any intolerances, allergies, or health conditions that have not been disclosed, and could affect the Individual's ability to safely participate in the Activities.

6. In consideration of the School Division allowing the Individual to participate, the Parties agree:
   A. That the Parties are not relying on any oral or written statements made by the School Division or their agents, whether in a brochure or advertisement or in individual conversations, to agree to be involved in the Activities; and
   B. That the School Division is not responsible or liable for any damage to the Individual's vehicle, property, or equipment that may occur as a result of the Activities

1. General

7. The Parties expressly agree that this Agreement is intended to be as broad and inclusive as is permitted by law and that if any of its provisions are held to be invalid, the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgement

8. The Parties acknowledge that they have read this Agreement and understand it, that they have executed this Agreement voluntarily, and that this Agreement is to be binding upon themselves, their heirs, their spouses, parents, guardians, next of kin, executors, administrators and legal or personal representatives.

Name of Individual (print)	Signature of Individual (For students 18 years of age or older)	Date
Name of Parent / Guardian (print)	Signature of Parent / Guardian (For students under 18 years old)	Date

The information collected on this form is being collected pursuant to the Education Act (Student Record Regulation), the Freedom of Information and Protection of Privacy (FOIP) Act, and Section 23 of the Canadian Charter of Rights and Freedoms. Information acquired through this form is kept secure and access is restricted. If you have any questions regarding the collection or use of this information, please contact your school principal or The Holy Spirit Roman Catholic Separate School Division's FOIP Coordinator, 402-327-9555

Lethbridge Fitness Club

Classes & Gym Drop-In Waiver

LETHBRIDGE FITNESS CLUB

I understand that physical fitness training including, but not limited to strength, flexibility, cardiovascular exercise, and the use of training equipment is potentially hazardous and can involve the risk of serious injury. I am voluntarily participating in these activities, using the equipment and machinery, with full knowledge, understanding and appreciation of the dangers involved.

I understand that I am not obligated to perform nor participate in any activity that I do not wish to, and that it is my right to refuse participation. I understand that should I feel lightheaded, dizzy, nauseated, or experience pain or discomfort, I am to stop the activity and inform my instructor/trainer.

I agree that Lethbridge Fitness Club and its instructors/trainers shall not be held liable or responsible for any injuries to me resulting from my participation in any of the fitness programs, and I expressly release any discharge Lethbridge Fitness Club, its owners, employees, agents and/or assigns, for all claims, actions, judgements and the like which I or my heirs, executors, administrators and assigns may have or claim to have as a result of any injury or other damage which may occur in connection with my participation in the fitness program or use of the facility, excepting only an injury caused by the gross negligence or intentional act of such persons or persons. This release shall be binding upon my heirs, executors, administrators and assigns.

Membership Code of Conduct:

- Everyone must check/scan in at the front desk.
- Everyone must enter and exit at the main door by the front desk.
- **Exercisers must wipe down equipment before and after use** (Use cleaning solution provided by the facility/staff. Spray towel first and then wipe equipment, this will help prolong the life of equipment).
- No dropping weights or allowing machine plates to slam down/No weightlifting chalk permitted.
- No "fixing" or altering equipment, report damage to front desk.
- No food or drinks allowed in the fitness center area (Exception: Water Bottles).
- No Smoking or Alcoholic beverages are allowed anywhere in the fitness center, including the entrances.
- Day use shelves and lockers are provided for personal property (Please do not store valuables in these areas).
- Clean Shoes and appropriate gym attire is required.
- Children under 14 years old need supervision by an adult in the gym
- Treat all other members & staff with dignity & respect. No harsh words or threatening.
- ZERO TOLERANCE POLICY for sexual comments, actions or treatment towards other members or staff.

I agree to comply to Lethbridge Fitness Club Membership Code of Conduct.

Name (Printed): _____ Phone #: _____

Email: _____

Signature: _____ Date: _____

If under 18 years old, co-signer is required:

Co-Signer Name: _____ Co-Signer Signature: _____

HARVEST
yoga studio

Name: _____ Phone: _____
Address: _____ City: _____ Prov: _____
DOB: _____ Email: _____
Emergency Contact Name: _____ Phone: _____

How did you hear about us? (please circle all that apply)
Facebook Instagram Advertising Google Other: _____
Word of Mouth (please tell us who): _____

Do you have any injuries (current and/or previous) that bother you in your day-to-day? If so, please describe the nature of the injuries, how long ago they happened, and how you're affected by them.

_____
_____
_____

Do you have any physical or mental health issues or concerns? (eg: chronic pain, sciatica, anxiety, PTSD, etc.) How do they impact your daily life?

_____
_____
_____

Have you ever done yoga before (please circle)? Yes No
If no, great job coming here! We know it can feel really intimidating starting something new for the first time. We'll take good care of you.
If yes, what type of yoga you've done in the past (circle all that apply)?
Ashtanga Bikram Moksha Vinyasa Yin Other:_____

<u>Please read the following four statements:</u>

I have been examined by a licenced physician within the last six months and have been found to be in good health and fully able to perform all yoga exercises which I will learn and perform during my enrolment here.
I will faithfully follow all instructions given by you and your associated yoga instructors as to when and how to perform and not perform yoga exercises, it being understood that such deviation by me shall be at my own risk.
I will not hold Harvest Yoga Studio, its owners, and associated instructors responsible for any injuries suffered by me caused in whole or in part by my failure to follow the instruction given, or by any physical impairment of mine not fully disclosed to you in writing.
I understand and acknowledge that I am to receive instruction in yoga theory and exercise only, and will not hold Harvest Yoga Studio, its owners, and associated instructors to any higher standard of care than applicable to the school of yoga theory and exercise.

Signing below indicates your agreement with the previous four statements.

Signature: _____ Date: _____