

**Agreement and Waiver  
Use of the Stan Stronge and GF Strong Pools ("Pool Facilities")  
This may impact your rights. Please read carefully**

Vancouver Coastal Health Authority (VCH) is not responsible for any loss or damage suffered by any person arising from or related to the use of the Pool Facilities described below for any reason whatsoever.

I, \_\_\_\_\_ (print full name) understand that my use of VCH's Pool Facilities is voluntary.

In the context of my using the Pool Facilities, I agree that any therapies provided to me in a professional or student capacity or otherwise, are separate and apart from any VCH therapy and in no way are considered VCH therapies. I have read and I agree to follow VCH rules and guidelines for use of the Pool Facilities.

**Special Equipment:**

- I understand that if I choose to use the mechanical lift and/or other equipment, I am doing so at my own risk, as described below.
- I understand that my use of the equipment may be safer if I hire my own allied health professional (e.g., Occupational Therapist) to assess my ability to use this equipment and provide me with a care plan for safe use.
- I understand that any therapy/care plan developed by my private allied health professional is not VCH therapy.
- If I notice anything of concern about the special equipment, I will stop using it immediately and bring it to the attention of a VCH staff person.

I have been informed by VCH of the degree and nature of the risks and benefits of the activity, and accept the risk of the activity with full knowledge of such risks and benefits. These risks that have been explained to me include, but are not limited to:

**Cuts, bruises, fractures, aspiration, concussion, infection, drowning, skin irritation, severe harm or death from slips, falls, contact from other users, special equipment use, the environment and environmental factors.**

In consideration for VCHA, their staff, and my physician permitting this activity, I hereby release VCHA, its employees, agents, principals, directors, officers and trustees, as well as the medical staff (physicians and surgeons) of VCHA from any liability, loss, damage, or claim that I / the patient may suffer as a result of this activity.

I, \_\_\_\_\_ (name of person using pool) hereby agrees to waive all right of subrogation or recourse against VCH with respect to the use of pool and the pool equipment described in this agreement.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_