



INSTRUCTIONS & AGREEMENT FORM - RICHMOND OLYMPIC OVAL MEMBERSHIP

TEL: 604-285-9665 ADD:#120-6411 BUSWELL ST, RICHMOND, BC V6Y 2G5

*****FOR STUDENTS WHOES HOME SCHOOL (SCHOOL OF RECORDS) IS MAPLE HILL SCHOOL ONLY*****

Signing up with Richmond Olympic Oval

- 1) Download and install the “**Richmond Oval**” App on your phone from the app Store on your phone
- 2) Visit and let the Oval front desk staff know that you would like to sign up for “**Monthly Continuous Membership Pass**” at the \$42/month group rate for youth and provide them with the following:
 - a. **A completed Richmond Olympic Oval Waiver form (also attached on P.3-4)**
<https://www.maplehill.edu.com/wp-content/uploads/2023/10/Oval-Waiver-fillable.pdf>
 - b. **Proof of Enrollment at Maple Hill School**
 - o **Copy of tuition receipt or Confirmation of enrolment (COE)**
 - c. **Debit Card/Credit Card for autopayment**
 - o Required for the \$42/month “Monthly Continuous Membership Pass” group rate for youth

Membership Fee Reimbursement (by the school)

- Expense claims can be made provided that the *****CONDITIONS***** below are met:
 - 1) Your home school (school of records) is Maple Hill School
 - 2) Provision of your 1) **Receipts for Monthly Continuous Membership** AND 2) **Expense Claim Form**. Cheques can take up to 3 business days before you are notified that they are ready for pick-up.
 - **Deadline:** 7 days before each school term ends.
 - July and August membership fees can be reimbursed only if students are enrolled for summer term at Maple Hill School.
 - 3) Records from Oval shows that you have visited Oval **at least 4 times/month**.
 - 4) **6 out of the 8 complimentary guests passes** that you receive have been given to the front desk, The passes are for other students who would like to visit Oval from time to time
 - Monthly Continuous Members are eligible to receive up to 8 guest passes per calendar year. Passes can be collected 10 days after first payment at Oval’s front desk.

Putting Your Oval Membership on Hold

Memberships can be placed on hold up to 2 times per calendar year for a cumulative total of 4 months at no additional cost. To submit your hold request, please visit the front desk a minimum of 5 days before your hold start date. Membership holds for medical reasons must be accompanied by a doctor’s note that indicates the range of absence. Medical holds will not be included in the annual hold entitlement. Holds cannot be backdated. Cancellations may not overlap or run consecutively with a hold request. Members with a One Month or 10-Visit Pass are not eligible for holds.

Cancelling Your Oval Membership

Monthly Continuous Membership Pass can be cancelled but requests must be submitted in-person and accompanied by a completed **Cancellation Form** (<https://www.maplehill.edu.com/wp-content/uploads/2024/07/Oval-Memeber-Cancellation-Form.pdf>) with at least 30 days advanced notice.

For other **Frequently asked Questions (FAQ)**, please visit: <https://richmondoval.ca/faqs/>

Please note that in case of any discrepancies in information, please Richmond Olympic Oval’s information and policies on their website and official documents take precedence.

I, _____ (print full **LEGAL** name), have read and fully agree to the above:

Signature of the Student:

Date:



EXPENSE CLAIM FORM

Unit #120-6411 Buswell St Richmond BC Canada BC V6Y 2G5

☎ 604-285-9665, ✉ inquiry@maplehill.edu.com, 🏠 www.maplehill.edu.com

FULL LEGAL NAME (to appear on the **CHEQUE**):

PLEASE STAPLE ALL YOUR RECEIPTS IN THE BACK

#	DATE	DESCRIPTION	Total (CAD)	Note
1		ex. Oval Monthly Continuous Membership for 2024/07		
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
TOTAL				

Office Use Only

MHS CK#	Signature - Processed by	Signature - CFO
	Date	Date



Richmond Olympic Oval Corporation
Waiver and Release of Liability Form

Program or Activity Maple Hill School - Continuous Month Membership **Date** _____

PARTICIPANT INFORMATION

FIRST NAME _____ LAST NAME _____

HOME PHONE _____ MOBILE PHONE _____

ADDRESS _____

CITY _____ PROVINCE/BC _____

POSTAL CODE _____ DATE OF BIRTH D-M-Y _____ MALE FEMALE

EMAIL _____

PARENT/GUARDIAN (if participant under 19 yrs) _____ PHONE # _____

EMERGENCY CONTACT NAME _____

RELATIONSHIP _____ PHONE # _____

Medical Information

ALLERGIES YES NO If YES explain: _____

MEDICAL CONDITIONS YES NO If YES explain: _____

FAMILY PHYSICIAN and PHONE # _____

CURRENT INJURIES YES NO If yes, please provide a brief description, _____

HISTORY OF INJURIES YES NO If yes, please provide a brief description, and when _____

MEDICAL PROFESSIONAL and PHONE # TREATING INJURY _____

Permission is hereby GRANTED or DENIED (please check appropriate box) for the Richmond Olympic Oval to contact the above mentioned physician or medical professional regarding relevant medical conditions and/or injuries.

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.



Release of Liability, Waiver of Claims and Indemnity Agreement

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 the Monthly Continuous Membership program, 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. **INITIAL** _____. 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. **INITIAL** _____. 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. **INITIAL** _____.

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.

x _____ participant's signature

x _____ parent/guardian signature
(if participant is under 19 years of age)

Date signed: _____

Permission is hereby **GRANTED** or **DENIED** (please check appropriate box) for the Richmond Olympic Oval to take and use photographs of the above mentioned participant for promotions and records.

For **SPORT CLIMBING CENTRE** Use

Top Rope and Belay Check	Pass	Fail	Conditional
Lead Check	Pass	Fail	Conditional
Instructor: _____			
Date: _____			