

City of Delta (“Delta”) reserves the right to permit or deny registration (and therefore the use of Delta facilities) by External Rehabilitation Trainers (each, a “Trainer”) in accordance with this Agreement.

The term of this Agreement will expire on December 31, 2024 (the “Expiry Date”). Trainers that wish to seek approval by Delta as Trainers for the 2024 calendar must submit a new application at least two weeks prior to the Expiry Date.

Each Trainer must provide proof and maintain validity of the following:

Current registration with the British Columbia Association of Kinesiologists or College of Occupational Therapists of British Columbia.

Commercial General Liability insurance with a limit of not less than \$5,000,000.00 (against liability for bodily injury or death and/or loss or damage to property on an occurrence and all-risk basis). Delta and its employees and volunteers shall be listed as “additional insureds”.

Delta Business License.

Rehabilitation Clinics

- For rehabilitation clinics that employ several Trainers, those rehabilitation clinics may obtain a single Delta business license; however, each Trainer must pay to Delta the registration fee and complete a separate ERT Application Form.
- Rehabilitation assistants are authorized to utilize exercise prescriptions exclusively endorsed by Delta-approved ERT or OT individuals listed on the clinic account and covered by insurance.

Trainer Conduct

1. Each Trainer must abide by the “Code of Conduct” and “Weight Room Etiquette” signs, as posted in each facility.
2. Individual Trainer ID cards are issued by Delta upon Delta’s approval of the ERT Application Form and payment of a \$20 registration fee by the Trainer. Each Trainer must wear their Delta ID card during each facility visit and must return their ID cards upon termination of their status as a Trainer.
3. Each trainer must purchase two admission bands, and wear both admission bands visible on their wrist, during each facility visit. Admission bands are provided at the customer service desk upon payment for each client’s visit at a cost of \$15.50 for each client. *Trainers may purchase a 10 admission pass or ERT monthly pass.*
4. Training privileges are specific to rehabilitative services only. Personal training services and sports specific coaching are not permitted.
5. Each Trainer must report any incidents to the facility staff for documentation and follow up (injuries, patron complaints).
6. Trainers that are utilizing Aquatic Services, must ensure they are following the posted rules and guidelines. Shoes must be removed prior to entering the pool chamber.

I acknowledge that I have read and understand this Delta External Rehabilitation Trainer (ERT) Agreement, and by signing this Agreement I agree to the following:

- I agree to abide by all of the terms of this Agreement, and acknowledge that failure to comply may, in Delta’s discretion, result in termination of my use of Delta facilities in accordance with this Agreement.
- I hereby release Delta and any and all of its elected officials, officers, servants, agents and employees (collectively, the “Delta Group”) from, and hereby covenant and agree to indemnify and save harmless each and every member of the Delta Group against any and all manner of liability, actions, causes of action, prosecutions, claims, fines, demands, damages, losses (including, without limitation, economic loss, property damage, personal injury or death), costs or expenses in any way occurring, and by whomsoever made, brought or prosecuted, which the Delta Group or any of them or the Trainer or its officers, servants, agents, employees, contractors, invitees, licensees or guests (collectively, the “Trainer Group”) may sustain or be put to, in any manner based upon, arising out of or attributable to: (a) the execution of this Agreement; (b) any act or omission of the Trainer Group; (c) any neglect or non-compliance on the part of the Trainer Group with the terms, conditions or provisos of this Agreement; or (d) breach of any bylaw, statute or regulation.

Signature _____ Print Name _____ Date _____

Birthdate _____ E-mail _____ Phone Number _____