



Third Party Practitioner Agreement - Renewal

Practitioner Full Name: _____ Business Name: _____

Phone: _____ Email: _____

The SCRD recognizes the limited number of training facilities available to residents and practitioners. We understand the need to use SCRD facilities for a training space. Training may include, but is not limited to, personal training, private coaching or instructing, and active rehabilitation.

The above noted Third Party Practitioner would like to renew the Agreement for use of SCRD training facilities. It is the Third Party Practitioner's responsibility to ensure required paperwork is up to date.

The SCRD reserves the right to permit or refuse access to SCRD facilities by a Third Party Practitioner based on the following specific terms and conditions prior to using any SCRD facility as a training facility.

1. Third Party Practitioner is required to provide copies of the following documentation:

- a) Current certification, registration or membership for recognized professional governing bodies of such professions as personal trainer and/or an undergraduate degree in Kinesiology, Human Kinetics, Exercise Science, or related field. Expiry _____
- b) Current First Aid, CPR - Level C and AED certificates. Expiry _____
- c) Liability insurance certificate for at least \$2,000,000 listing the SCRD 1975 Field Road, Sechelt BC, V7Z 0A8 as additional insured. Expiry _____

Any associated costs for obtaining and maintaining the above credentials is the responsibility of the Third Party Practitioner and NOT the SCRD. Third Party Practitioners are responsible for providing SCRD Recreation updated copies of their certifications upon expiry.

2. At renewal it is mandatory for the Third Party Practitioner to fulfill the following requirements:

- a) Complete and sign this Third Party Practitioner Agreement – Renewal form.
- b) Review, and understand the emergency protocol for the facilities. Initials _____
- c) Review, and understand the SCRD facility guidelines including code of conduct. Initials _____
- d) Would you like to be included in the Third Party Practitioner handout for front desk? Yes** No
**If yes please provide a head shot and short bio for the handout.

3. In consideration of the use of SCRD facilities, the Third Party Practitioner agrees to the following:

- a) On the first visit of the day, scan Third Party Practitioner 10 Visit pass or pay the Third Party Practitioner drop-in fee (for each individual client session with maximum of two clients per session).
 - i. Additional Visits on the same day can be purchased at a reduced rate. Each Additional Visit allows the Third Party Practitioner to train one session for up to two clients. To access the Additional Visit rate, the Third Party Practitioner must present their Third Party Practitioner Drop-in Receipt from the same day OR ask the front desk staff to run a pass inquiry on their Third Party Practitioner 10 Visit pass to confirm they have already visited that day. A Third Party Practitioner can visit multiple facilities in one day and access the Additional Visit drop-in rate.
- b) Third Party Practitioner ID cards will be provided; these should be visible while training clients in the weight room and studio spaces. ID cards are also able to be used as a Third Party Practitioner 10 Visit pass. Replacement cards are available on request to coordinator.

- c) Ensure the training client(s) pay the drop-in admission rate or swipe their MYPASS or 10 Visit Pass.
- d) Train no more than the maximum of two clients at one time.
- e) Third party training to occur in any SCRD weight room or pool, as well as the Sechelt Aquatic Centre Fitness Studio (when available). Other facilities may be available to rent at the commercial rate.
- f) Ensure their clients adhere to the SCRD facility guidelines including code of conduct.
- g) Refrain from administering advanced practice techniques and testing, which may include, but are not limited to, maximal exercise testing, lactate threshold testing, manual therapy (manipulation, traction, massage, active release), body circumference measurements deemed inappropriate for public space, and the use of modalities.
- h) Refrain from soliciting business while using our facilities, unless you are approached by the patron.
- i) Avoid offering advice or instruction to patrons other than your own clients, unless you witness a safety risk, in which case, we would encourage you to educate the patron and/or notify SCRD recreation staff.
- j) Refrain from dominating equipment, apparatus, or space; you are expected to share the equipment and space with the public.
- k) Inspect and approve each apparatus as suitable before permitting your client to use the equipment.
- l) Use of the Third Party Practitioner's own equipment is permitted provided it is not attached to or does not modify any SCRD equipment or infrastructure. The Third Party Practitioner MUST conduct weekly inspections and record maintenance of their equipment to deem it safe for use; the SCRD will not be held responsible for any equipment malfunction or injury related to the Third Party Practitioner's equipment.
- m) Refer facility and program related questions to SCRD Recreation staff when unsure of the answer or not able to provide full response to their questions.
- n) Should a substitute trainer be required to deliver services in your absence, they must register and provide full documentation to SCRD Recreation prior to using the facility.
- o) The Third Party Practitioner is expected to train within their scope of practice as suitable for the facilities.
- p) The Third Party Practitioner agrees to acquire and maintain any necessary accreditation and insurance with respect to their services. Where mandatory or industry standards exist, the Third Party Practitioner agrees to ensure such standards are met and adhered to.

I have read and understand the Facility Usage for Third Party Practitioner Agreement and agree to abide by its terms and conditions. **This agreement is valid from the date signed for up to 2 years expiring on July 31st of the second year. Expiry Date:** _____

Practitioner's Signature

SCRD Recreation Manager's Signature

Date

Date