



Waiver and Release of Liability

1. In consideration, and as a condition, of my use of the facilities, machinery and equipment and my participation in the activities and programs available at the Harry & Jeannette Weinberg Foundation Fitness Center at the Edward A. Myerberg Senior Center (hereinafter referred to as the "Center"), I do hereby waive, release and forever discharge the Fitness Center, the Senior Center and their respective officers, directors, agents, employees, representatives, successors and assigns (collectively, "Releasees") from any and all responsibility or liability for injuries or damages resulting from any use or participation by me.

Please Initial: _____

2. I understand and am aware that physical activities, including strength, flexibility, and aerobic exercise, as well as instructional classes, and the use of exercise and fitness equipment, are potentially hazardous activities and contain inherent serious risks. I also understand that such activities involve a serious risk of injury, heart attack, or even death, and that I am voluntarily participating in these activities with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death, and I forever release the Releasees from any responsibility or liability.

Please Initial: _____

3. I do hereby declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in or use of any of the programs, activities, or exercise equipment available at the Center. I acknowledge that I must get my physician's approval before participating in activities or using exercise equipment at the Center. I also acknowledge that it has been recommended that I have annual or more frequent physical examinations and consultations with my physician.

Please Initial: _____

4. I agree to familiarize myself with and comply with all the rules and policies put into place by the Center. I understand that the Center reserves and retains the right to suspend or expel any users of the Center for failure to comply with any of said rules and policies.

Please Initial: _____

5. I understand that I am responsible for monitoring my own condition throughout the exercise program and should any unusual feelings occur during or after exercise, I will cease my activity and inform the instructor and perhaps my physician. Examples of unusual feelings are joint pain, fainting, dizziness, light-headed, irregular heart rate, nausea and tingling sensations.

Please Initial: _____

I have read and voluntarily sign this waiver and release of liability on behalf of myself and my personal representatives, heirs and next of kin. I understand that I have one week from the date I submit payment in which to cancel my membership without penalty.

Signature

Date

Print Name

Center Assistant Receiving Form