

**SHICKLEY FITNESS CENTER
CONSENT AND WAIVER OF LIABILITY**

In order to use the fitness equipment, weights, televisions, and restrooms, of the Fitness Center, I hereby certify, covenant and agree as follows:

(A signature form must be completed for each member in a family membership.)

1. I fully recognize that I am responsible for knowledge of my own state of health at all times and will use the fitness center at my own risk. I represent and warrant that I am physically fit and that I am NOT under restriction by a medical professional regarding exercising, using fitness equipment or participation in cardio classes. I understand that it is my responsibility to consult with a physician prior to my initial participation in exercise-related events or cardio classes.
2. I acknowledge that neither the owner, nor owner's agents, or contractors or employees make any representations or warranties about the condition of the equipment. I will not use any equipment which appears to be out of working order.
3. I acknowledge that the fitness center will be unstaffed.
4. I understand that walking, running, jumping, riding a bike, lifting weights and participating in cardio exercise classes has risks which include the possibility of an accident, physical injury, loss of life or loss of my personal property. I agree to assume these risks and hereby release and forever discharge the owner, owner's agents, officers, employees, partners, directors, and their successors and assigns from any and all liability, harm and damage, and waive any and all claims whatsoever, for any injury, accident, loss of life or loss in connection with my use of equipment or entry into the Facility. I hereby indemnify and hold harmless The Village of Shickley and its agents, employees, and assigns from and against all claims, damages, losses and expenses that I, my heirs or legal representative have or may have arising out of any accident or any other type of incident through which I or my heirs may be injured or damage while using any of the equipment, facility or building premises.
5. I agree that I will fully comply with the posted Rules and Regulations as they are amended from time to time. Any violations of the Rules and Regulations may result in exclusion from the facility.

MEMBERSHIP SIGNATURE

DATE

ADDRESS

PHONE NUMBER

ID NUMBER

If Member is under the age of 18:

As Parents or Legal Guardian of _____, I hereby consent to the above terms and conditions.

PARENT OR LEGAL GUARDIAN

DATE

MEMBERSHIP FOR

Family

Couple

Single

I WISH TO PAY

Annually

Monthly

By ACH (5th or 15th)

With my utility bill