



Agreement and Release of Liability

Welcome to the YWCA. We place the highest priority on exercising safely. To this end, please read and authorize the following. Thanks!

1. In consideration of gaining membership or being allowed to participate in the activities and the programs of the YWCA and its facilities, equipment and machines, in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge the YWCA and its officers, agents, employees, representatives, executors and all others from any and all responsibilities or liabilities for injuries or damaged resulting from my participation in any activities or my use of equipment or machinery in the YWCA or arising out of my participation in any activities as the YWCA. I do also hereby release all those mentioned above and any others acting on their behalf from any responsibility or liability for any injury or damage to myself, including those caused by negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of the YWCA or the use of any equipment at the YWCA.
Please initial _____
2. I understand and am aware that strength, feasibility and aerobic exercise, including use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury.
Please initial _____
3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in any of the activities and programs of the YWCA or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise and use of exercise and training equipment so that I might have recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participated in activity and/or use of equipment and machinery without the approval of my physician and do hereby assume all the responsibility for my participation and activities and utilization of equipment and machinery in my activities. **Please initial** _____

Date

Printed Name

Signature

Source: American College Of Sports Medicine's Health/Fitness Facility Standards And Guidelines, Form 6.