#  Fitness Waiver

*For use for Fitness Center membership, Fitness On Demand, and Fitness programs. This information is kept private and is not shared with anyone. We will not use or disclose your protected health information for any purpose other than for evaluation of your participation in our programs.*

**Name (Required):**

**Birthdate (Required):**

**Age Group (Required):**

*(Select only one option)*

 15-25

 26-40

 41-59

 60 -75

 75 and older

**Gender (Required):**

*(Select only one option)*

 Male  Female

**Allergies:**

*Please list all allergies here.*

**Please list any physical limitations and/or medications that you are presently taking:**

*This information should be updated as your medical condition changes. Thank you.*

**My physician is aware of my participation in this fitness program and I have received his authorization to register:**

Yes, I confirm authorization

**I have reviewed and fully understand the Fitness Rules and Regulations (Required):**

Yes

# WAIVER

**BSL PARKS & REC FITNESS RELEASE AND WAIVER OF LIABILITY**

As a participant in the Adult/Youth Fitness Program located at the Boiling Spring Lakes Community Center, I hereby understand that it is my responsibility to get proper medical approval from a certified physician before using any of the fitness room equipment or participating in any of the exercise programs. I hereby affirm that I am in good physical condition, and do not suffer from any disability that would limit or prevent my using any of the fitness room equipment.

I, hereby waive and relinquish all claims, demands and causes of action that I might have or assert against the City of Boiling Spring Lakes, its employees, agents, and representatives, including volunteers, arising from my use of the fitness room equipment or participation in a guided, or self- guided, exercise program. I assume all risks involved in using the equipment, and I acknowledge and recognize the risks involved and the possibility that I may injure myself as a result of using the equipment. As a participant, I agree to take full responsibility and liability for any temporary or permanent bodily injury/damage that may happen to me while using the fitness room now and in the future, including but not limited to, heart attacks, muscle strains, pulls or tears, broken bones or soreness caused during and after using the fitness room equipment or participating in a program. In consideration of the acceptance of this form, I hereby agree to release and forever hold harmless the City of Boiling Spring Lakes, its employees, agents, representatives, including volunteers, from any and all liability due to injury that may result from my participation in the Adult/Youth Fitness Program.

I understand that to use the fitness room unconditionally I must be at least 18 years of age. Further, I have read and understand this waiver and all applicable rules & regulations.

**\*\*Please note that this waiver is valid for a calendar year and will need to be renewed each January to participate.\*\***

**Signature:**

**Date:**

Please note: after BSL Staff reviews your registration information, some members may be asked to have an additional Medical Clearance form completed by their physician.