



ASSUMPTION OF RISK FORM

I recognize that there are many other risks of injury, including serious disabling injuries that may arise from my participation in this activity and that it is not possible to specifically list every one. I have had an opportunity to ask questions and any questions I have asked have been answered to my complete satisfaction. I understand and expressly assume these risks as stated and voluntarily choose to participate in this activity. I further recognize that the Wellness/Fitness Center may at times be unstaffed and/or unsupervised. If I choose to use the Wellness/Fitness Center at such times, I do so at my own risk and accept sole responsibility for my safety.

I also understand that this "Assumption of Risk" form will remain valid only as long as I am an active member of the center. I will be considered inactive if I fail to use the facility less than twelve (12) times within any six month period. Should I become inactive, I understand that I will need to sign a new Assumption of Risk upon my return to the \_\_\_\_\_ (Fitness Center Name)

Member Name (printed) Signature Date

FOR STAFF USE ONLY

Table with 3 columns: Question, Checked, Initials. Rows I, II, III describing risk discussion scenarios.

FOH Staff Name (printed) Signature Date