

## Release of Liability

As consideration of gaining membership, or being allowed to participate in the activities and programs of the Rambling River Center's Fitness Center and to use its facilities, equipment, and machinery I agree to waive, release any claims, and to hold harmless the City of Farmington, the Rambling River Center, and their officers, agents, and employees from any and all responsibility or liability for injuries or damages resulting from my participation in any activities, or use of the equipment, due to the passive or active negligence of the City, its agents or employees. This release of liability of the City of Farmington, the Center, and others does not include any injuries that I or the participant of the program incurs as the result of willful, wanton, or intentional misconduct by the City, Center, or their officers, agents or employees. This agreement is specifically binding upon my spouse, heirs and assigns (**Please Initial \_\_\_\_\_**).

1. I understand and am aware that strength, flexibility and aerobic exercise, including the use of fitness or strength 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 danger involved. I hereby agree to knowingly and voluntarily assume and accept any and all risks of injury or death. (**Please Initial \_\_\_\_\_**).
  
2. I do hereby further declare that I am physically sound and do not suffer from any condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities and programs of the Rambling River Center's Fitness Center or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for 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 either have had a physical examination and have been given any physician's permission to participate, or that I have decided to participate in activity and/or use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.
  
3. (**Please Initial \_\_\_\_\_**).

Date: \_\_\_\_\_ Signature: \_\_\_\_\_