

members, use of fitness machines will be limited to 30-minute sessions. If no one is waiting, the machine can be used for another 30-minute session.

RELEASE OF LIABILITY

1. As material consideration for the Mullinville Recreation Commission, permitting members and guests to use the facility, each member or guest agrees to specifically assume all risks of personal injury, property loss or other damages, including risks associated with aerobics, fitness equipment, gymnasium activities and all areas of the fitness center. This assumption of risk includes environmental, theft, and contagion risks in addition to the risk associated with the use of the fitness center's equipment, facilities, classes, and staff. Further, all members of the Mullinville Recreation Commission Fitness Center and their guests waive any and all claims against the Mullinville Recreation Commission board members, the Recreation Director, or any staff members for any personal injury, property loss or other damages connected to or arising out of any aforesaid risks.
2. I understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment, services, and programs are potentially hazardous activities. I also understand that fitness activities involve a risk of injury and possibly death. I am voluntarily participating in these activities and using the equipment of the Mullinville Recreation Commission Fitness Center with knowledge of the risks involved. I hereby agree to assume and accept any and all risks of injury or death.
3. I am physically sound and suffer from no condition, impairment, disease, infirmity or other illness that would prevent my participation in any of the activities, programs, or use of the equipment of the Mullinville Recreation Commission Fitness Center. I acknowledge that I have been informed of the need for a physician's approval for participation in an exercise/class activity or for use of the exercise equipment. I have been given my physician's permission to participate, or I have decided to participate in any activity, class, or use of equipment without the approval of my physician.

I have read, understand, and accept the terms and conditions of this Agreement. I understand that my membership may be terminated by the Mullinville Recreation Commission if I am in violation of the rules, regulations, and policies, conduct myself in a manner in which the Commission deems inappropriate or disruptive or make false representation of information in this Agreement.

Agreed & Accepted by:

Witnessed by:

(signature)

(signature)

(print name)

(print name)

(date)

(date)

Mullinville Recreation Commission

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