

CHAPPLE RECREATION FITNESS CENTRE

READ BEFORE SIGNING

I AM AWARE AND UNDERSTAND THAT THIS ROOM IS NOT SUPERVISED AND THAT THERE IS NO INSTRUCTOR PRESENT IN THE FITNESS CENTRE.

I HAVE BEEN ADVISED THAT THERE MAY BE SOME INHERENT DANGER IN THE EVENT THE EQUIPMENT IS USED IMPROPERLY.

I FURTHER STATE THAT TO THE BEST OF MY KNOWLEDGE THAT I AM IN GOOD HEALTH, AND HAVE NOT BEEN ADVISED TO RESTRICTED MY PHYSICAL ACTIVITY IN ANY WAY AS A RESULT OF ANY MEDICAL CONDITIONS.

I HEREBY WAIVE ANY LEGAL RECOURSE AGAINST THE TOWNSHIP OF CHAPPLE OR ANY MEMBER OF CHAPPLE RECREATION COUNCIL FOR ANY AND ALL CLAIMS RESULTING FROM THE PERSONAL INJURIES SUSTAINED, OR DEATH RESULTING FROM USE OF ANY FACILITIES IN THE CHAPPLE FITNESS CENTRE. THIS WAIVER SHALL BE BINDING UPON MY HEIRS AND PERSONAL REPRESENTATIVES.

SIGNATURE OF ISSUING OFFICER

SIGNATURE OR MEMBER

DATE: _____

AGE: _____

BIRTHDATE: _____