



## Sport Courts Fitness

### Fitness Waiver

In acknowledgement of being allowed the use of the Sport Courts Fitness Facility I agree to abide by the rules and regulations shown to me.

I am aware of the possibility of injury and other risks while using the fitness equipment. I take full responsibility for myself and will not hold Sport Courts Fitness, the staff, facility, other sporting participants or equipment manufacturers responsible for any injury incurred while using the gym and equipment.

I am aware that with all consumer products things can unexpectedly malfunction and am using the gym, cardio machines, weights machines, free weights, exercise equipment, basketball hoops, volleyball nets and futsal goals at my own risk.

I am aware that participating in a cardio workout or lifting weights can be hazardous and strenuous on the body and that myself or my child is participating at their risk. I am aware that Sport Courts Fitness does not provide medical insurance or coverage for participants and that myself or my child have medical insurance provided individually.

I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue Sport Courts Fitness for any injury, damages or death caused by their negligence or other acts of omission.

In the event of an emergency I give permission the Sport Courts Fitness and the staff to administer first aid or in the event that an emergency contact cannot be contacted seek help in the form of paramedics. It is understood that Sport Courts Fitness and staff is not responsible for any and all medical expenses for participants regardless of whether or not their personal insurance will cover it.

**Participant Name (print):** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

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

**Address** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Sport:** \_\_\_\_\_ **Team Name:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

If under the age of 18:

**Parent/Guardian: Address** \_\_\_\_\_ **City:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Parent/Guardian Name (print):** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_