

EXERCISE ROOM RELEASE FORM

THE EXERCISE ROOM IS FOR RESIDENT USE ONLY. NO GUESTS ARE ALLOWED. ALL RESIDENTS MUST COMPLETE & SIGN THE EXERCISE ROOM RELEASE FORM BEFORE BEGINNING AN EXERCISE PROGRAM.

RESIDENT NAME _____ PHONE # _____
ADDRESS _____ BUILDING # _____

RELEASE / WAIVER

I DO HEREBY ASSUME FULL RESPONSIBILITY FOR ANY AND ALL DAMAGES, INJURIES (INCLUDING DEATH), OR LOSSES THAT I MAY SUSTAIN OR INCUR, IF ANY, WHILE ATTENDING, PRACTICING, PARTICIPATING OR WITNESSING IN ANY EXERCISE ROOM ACTIVITY, SPORT OR PHYSICAL ACTIVITY OCCURING IN OR ABOUT THE PREMISES. I HEREBY ASSUME FULL RISK, WAIVE ALL CLAIMS AND RELEASE AND HOLD PROVIDENCE POINT, ITS INSTRUCTORS, OR PARTNERS OF SAID PROGRAM, INDIVIDUALLY OR OTHERWISE, HARMLESS FOR ANY AND ALL CLAIMS FOR INJURIES OR DAMAGES.

IN CONSIDERATION OF MY PARTICIPATION IN AND THE USE OF THE EXERCISE ROOM FACILITIES, I HEREBY RELEASE AND COVENANT NOT TO SUE PROVIDENCE POINT, ITS OWNERS, SHAREHOLDERS, DIRECTORS, OFFICERS, EMPLOYEES, REPRESENTATIVES, AGENTS, AND LESSEES FROM ANY AND ALL PRESENT CLAIMS RESULTING FROM ORDINARY NEGLIGENCE AND INHERENT RISK OF USE OF THE FACILITIES AND EQUIPMENT OF THE CLUBHOUSE INCLUDING BUT NOT LIMITED TO ANY LOSS, INJURY, DAMAGE, OR LIABILITY SUSTAINED BY ME WHILE ON THE PREMISES.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE RELEASE/WAIVER.

SIGNATURE _____ DATE _____