

Hutch Fitness Liability and Consent Form

Participant:	Birth Date	Phone #
Street Address:	City/State	:Zip:
Email Address:		_
Medical Questionnaire:		
High Blood Pressure: YES NO If yes, levels Cigarette Smoking: YES NO If yes, # per day Family Hx of Heart Disease: YES NO Who/Age Do you currently exercise: YES NO # of times/week Are you on any medication: YES NO Type(s):		High Cholesterol: YES NO Smoked in Past: YES NO Diabetes: YES NO Insulin: YES NO Allergies:
Problems In: Knee(s): YES NO If yes, which one? Lower Back/Neck Shoulders: YES NO Hips/Pelvis: YES NO Other Issues	-	

Please provide a medical release authorization from your physician if you have any known medical conditions that may affect you during physical

Emergency Contact Name (Relationship):

Phone #: _____

RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In consideration of participating in health or fitness club activities, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence Hutch Fitness and its owners, directors, officers, employee, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself, my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

- 1 I acknowledge that health or fitness club activities involve known and unanticipated risks, which could result in physical or emotional injury, paralysis, or permanent disability, death, and property damage. Risks include, but are not limited to, musculoskeletal injuries, broken bones, and/or overuse injuries, injuries caused by equipment that breaks or fails; death as a result of drowning or brain damage caused by near drowning; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
- I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. 2. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
- I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, 3 or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releasees or anyone acting on their behalf but required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
- I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else 4. I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition, which could interfere with any safety in this activity, or else I am willing to assume and bear the cost of all risks that may be created, directly or indirectly, by any such condition.
- In the event that I file a lawsuit, I agree to do so solely in the state where Releasees' facility is located and I further agree that the 5. substantive law of that state shall apply.
- 6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claims of negligence.

I have had the sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. I have read and understood this document and I agree to be bound by its terms.

PRINTED NAME	DATE
SIGNATURE	
ADDRESS	CITY, ST, ZIP
TELEPHONE #	
(MUST BE C	PARENT OR GUARDIAN ADDITIONAL AGREMENT OMPLETED FOR PARTICIPANTS UNDER THE AGE OF 18)
	(Print minor's name) being permitted to participate in this activity, I nless Releasees from any claims alleging negligence which are brought by or on beha h such participation by minor.
Parent or Guardian	Print Name
Date	

(If notarization is necessary please sign and stamp this side of form)