



ZEELAND RECREATION FITNESS CENTER WAIVER

I hereby consent to my participation in fitness activities at the Zeeland Recreation Fitness Center. I understand and acknowledge that such activities have (a) inherent risks and hazards exists in my use of any equipment and my participation in these activities; (b) my participation in such activities and use of such equipment may result in injury or illness including, but not limited to bodily injury, disease, strains, fractures, paralysis, death or other ailments that, could cause serious disability; (c) these risks and dangers may be caused by the negligence of the representatives and employees of Zeeland Recreation, the negligence of the participants, the negligence of others, accidents, breaches of contract, or other causes; (d) by my participation in these activities and for use of equipment, I hereby assume all risks and all responsibility for any losses and/or damages whether caused in whole or in part by the negligence or the conduct of the representatives and employees of Zeeland Recreation, or by any other person.

In consideration of the right to participate in the activity, I voluntarily agree to release, waive, hold harmless, defend and indemnify Zeeland Recreation and its employees from any legal liability for my death, disability, personal injury, property damage or theft, or actions of any kind caused by or resulting from my participation in the activity or in any way connected with my participation in the activity. This agreement will apply for each and every day I engage in the activity without requiring me to sign an additional form for each day or activity.

I represent that I am in satisfactory physical condition to participate in the activity. I authorize any person connected with the activity or Zeeland Recreation to administer first aid to me, as they deem necessary. I authorize medical and surgical care and transportation to a medical facility for treatment necessary at my expense.

If participant is less than 18 years of age, the undersigned parent or guardian acknowledges that she/he is signing this agreement on behalf of a minor and that the minor shall be bound by the terms of the agreement.

**I HAVE READ AND UNDERSTOOD THIS RELEASE OF LIABILITY WAIVER
AND VOLUNTARILY AGREE TO ITS TERMS.**

Signature of Participant

Date

Signature of Parent/Legal Guardian (Required if the participant is less than 18 years of age)

Date of Birth _____ Circle One: Male or Female

Please print the following information:

Full Name _____

Street _____

City, State, and Zip _____

Phone _____ Circle One: Zeeland Resident or Non-Resident

E-mail Address _____