Myrtue Medical Center

McDowell Fitness Center

Daily Pass Application

Name:_____ Application Date:_____
Address:_____ City, State, Zip:_____
Phone (home):_____ (work):_____ Physician:_____ Phone:_____
Notify in case of emergency:_____ Phone:_____

INFORMED CONSENT AND ASSUMPTION OF RISK

This is your agreement to use the Myrtue Medical Center McDowell Fitness Center. As used in this agreement, the words "you" and "your" mean the MEMBER signing this agreement, and the words "Fitness Center", "us", and "our" mean the Myrtue Medical Center McDowell Fitness Center. Upon acceptance, you will be entitled to use the Fitness Center facilities and equipment subject to this agreement. You understand that your use is not an equity or ownership investment in the Fitness Center. PLEASE READ THIS AGREEMENT CAREFULLY. If you agree to be bound by it, please sign it.

I do hereby waive, release and forever discharge the Fitness Center, its officers, and employees from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or use of equipment in the above-mentioned facility. _____ **(PLEASE INITIAL)**

I understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury or illness and that I am voluntarily participating in these activities and using equipment with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or illness. _____ **(PLEASE INITIAL)**

I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in the activities or use of equipment without the approval of my physician and do hereby assume all responsibility for my participation in activities or use of equipment at the Fitness Center. _____ **(PLEASE INITIAL)**

I HAVE READ AND UNDERSTAND THE TERMS OF THIS AGREEMENT.

_____ _____
Signature Date

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Signature Date

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