

GYM RULES:

1. Re-Rack your weights & Clean up your station.
2. Shirtless-ness will not be tolerated.
3. No Fight Club, Dodgeball, or other “Horse-Play”
4. No loud music and No profanity or vulgar lyrics in music.
5. Respect others privacy and work ethic.
6. Treat others like you would like to be treated.
7. Wear clean shoes and be mindful of your mess if you make one.
8. Pay your dues. (Membership And/or Cooler Drinks)

WAIVER OF LIABILITY

- 1) I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT or Company, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.
- 2) I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.
- 3) I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.
- 4) In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:
- 5) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: **BLOSE BROTHERS** and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

- 6) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.
- 7) In consideration of my use of the exercise equipment and facilities provided by the company, I expressly agree and contract, on behalf of myself, my heirs, executors, administrators, successors and assigns, that the company and its insurers, employees, officers, directors, and associates, shall not be liable for any damages arising from personal injuries (including death) sustained by me, or my guest in, on, or about the premises, or as a result of the use of the equipment or facilities, regardless of whether such injuries result, in whole or in part, from the negligence of the company.
- 8) I agree to be solely responsible for safety and well being of my guest and myself. I understand that the company does not provide supervision, instruction, or assistance for the use of the facilities and equipment.
- 9) I agree to comply with all rules imposed by the company regarding the use of the facilities and equipment. I agree to conduct myself in a controlled and reasonable manner at all times, and to refrain from using any equipment in a manner inconsistent with its intended design and purpose.
- 10) I understand and acknowledge that the use of exercise equipment involves risk of serious injury, including permanent disability and death.
- 11) I understand and agree that the company is not responsible for property that is lost, stolen, or damaged while in, on, or about the premises.
- 12) I understand that if I am under the age of 18 I am not allowed to use exercise equipment unsupervised.
- 13) I understand that all children under the age of 16 must be accompanied by an adult of legal age and sound mind
- 14) I acknowledge that **BLOSE BROTHERS** and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.
- 15) I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers.
- 16) This Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's Signature

Date

Participant's Name

Age

(Please print legibly.)

Parent/Guardian Signature Date

(If under 18 years old, Parent or Guardian must also sign.)

Address: _____

Cell Phone: _____

E-mail: _____

Birth Date: _____

COMPLETE ALL CONTACT INFORMATION! INVOICES WILL BE SENT VIA E-MAIL/CELL PHONE.

Credit Card & ACH Bank Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. The authorization will remain in effect until canceled.

Debit/Credit Card Information

Card Type: [] MasterCard [] Visa [] Discover [] AMEX [] Other
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____ Verification Numbers: _____
Cardholder Billing ZIP Code: _____

I, _____, authorize TRI-COUNTY HEALTH & FITNESS NON-PROFT 501C(3) TO CHARGE MY DEBIT/CREDIT CARD LISTED ABOVE FOR AGREED UPON PURCHASES. I UNDERSTAND THAT MY INFORMATION WILL BE SAVED TO FILE FOR FUTURE TRANSACTIONS ON MY ACCOUNT.

Customer Signature

Date

Full Name: _____

Full Address: _____

E-Mail Address: _____

Phone Number: _____

Birth Date: _____

Checking Account Financial Institution Name & Location: _____

Checking Account Routing Number: _____

Checking Account Number: _____