



MEMBERSHIP WARNING OF RISK AND WAIVER FORM

Warning of Risk:

Aerobic and other fitness exercises including such items as passive/resistive weight training, use of stair machines, jogging, free weights and other training devices pose a substantial risk of serious injury, despite careful and proper preparation, instruction, medical advice, conditioning and equipment. Understandably, not all hazards and dangers can be foreseen. Participants must understand that certain risks, dangers and injuries due to acts of God, slipping, falling, equipment malfunction; failure in supervision/instruction, premises defects and all other circumstances inherent to recreational activities/programs exists. Dependent upon a person's physical condition, age and skill level, aerobics and fitness exercises can involve a substantial risk of the following types of injuries. This list is by no means complete, but includes some of the more common risks/injuries:

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| 1. Heart attack, stroke and circulatory problems | 4. Shin splints |
| 2. Bone and joint injuries | 5. Muscle strain and other muscle injuries |
| 3. Back injury | 6. Foot problems |

WAIVER:

I hereby agree and understand, in exchange for good and valuable consideration, including but not limited to the services and access provided with my membership, the receipt and sufficiency of which are hereby acknowledged that I (or to the extent I am signing on behalf of any of my family members including but not limited to minor children) assume and acknowledge the risks inherent in the above mentioned activities, and further agree to the fullest extent permitted by law to indemnify, defend, waive and hold the City of Elgin, its officials, officers, employees, agents, independent contractors or any other related person or entity, harmless from and against any and all liability, claims for damages, causes of action, judgements or suits to which I or my family members may otherwise be entitled, resulting from my or my family member's membership and/or participation in the above program(s). I further understand that no hospitalization, health or accident insurance coverage has been provided with this registration. I hereby approve my child's participation in this program and consent to emergency medical treatment for my child on my behalf. To the best of my knowledge, there are no physical or other conditions which interfere with my child's participation in this program. I also acknowledge and hereby agree to abide by the City of Elgin's refund/cancellation policy. In the event that duty to defend provisions of this paragraph are invoked, counsel for City of Elgin's defense shall be of the City of Elgin's choosing. The provisions of this waiver shall survive any termination and/or cancellation of this agreement or membership.

Parent/Adult signature _____ Date _____

Parent/Adult signature _____ Date _____
(18 years of age or older)

Parent/Adult signature _____ Date _____
(18 years of age or older)