



Human Resources
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City of St. Joseph Employee Exercise Fitness Statement and Waiver

I understand that there are risks associated with strenuous physical exertion, including but not limited to those caused by equipment, condition of the athlete, other participants, and lack of hydration. In consideration for the right to use the City of St. Joseph Fitness Facility, I hereby assume all risks and I waive all claims for damage, for death, personal injury or property damage related to my use of the facility. I understand that I should consult my physician before beginning an exercise program; that I should monitor my own condition carefully and exercise due care while exercising. This waiver and release shall be binding on my heirs.

Participant Signature _____
Date

Liability Release

Please read carefully. This is a release of liability and waiver of legal rights.

1. I acknowledge that using the Fitness Facility is HAZARDOUS and involves a risk of physical injury. I expressly assume all risk associated with using the Facility.
2. In consideration of receiving permission to use the Facility, I agree to release and hold harmless the City of St. Joseph from any and all claims I might state as a result of physical injury, including death, or property damage sustained in connection with my use of the Facility, including those claims based on negligence or breach of warranty. I agree to indemnify the City of St. Joseph for any claim whatsoever brought by a third party which I may cause.
3. This agreement is binding on my estate, heirs, administrators and assigns. I HAVE

CAREFULLY READ THE FOREGOING LIABILITY RELEASE,
UNDERSTAND ITS CONTENTS AND SIGN IT WITH FULL KNOWLEDGE OF ITS
SIGNIFICANCE. I AM AT LEAST 18 YEARS OF AGE.

Signed on this date: _____, 20_____

Signature of Participant _____
Printed name of Participant