



Russell County Health & Fitness Center
137 Highland Drive, Lebanon, VA 24266
(276) 889-8000

HEALTH & FITNESS CENTER ASSUMPTION OF THE RISK FORM

I agree that as a user of the Russell County Health & Fitness Center, I am responsible for my own behavior and well-being. I acknowledge that I have been informed of the general nature of the Health & Fitness Center, and I understand that it may involve risks to my personal safety.

Participation in the Russell County Health & Fitness Center may contribute to, or result in the loss of or damage to, personal equipment and accidental injury, illness, or in extreme cases, personal trauma or death. Risks during participation in the Health & Fitness Center include, but are not limited to, getting hit and/or hurt by other participants using equipment in the workout area/studio/locker room, getting cut and bruised, tearing ligaments, breaking bones, injury due to slips and falls and experiencing head injury or trauma.

I understand that in the event of accident or injury personal judgment may be required by program personnel regarding what actions should or must be taken on my behalf. Nevertheless, I acknowledge that Russell County Health & Fitness Center personnel may not legally owe me a duty to take any action on my behalf. I also understand that it is my responsibility to secure personal health insurance in advance, if desired, and to take into account my personal health and physical condition.

I further agree to abide by any and all of Russell County Health & Fitness Center rules applicable to the Health & Fitness Center; and, I will take responsibility for abiding by specific requests made of me for my safety, the safety of others, or the welfare of any general interests concerning the Health & Fitness Center. I understand that Russell County Health & Fitness Center reserves the right to exclude my participation in the Health & Fitness Center if at any time my participation or behavior is deemed detrimental to the safety and welfare of others.

Therefore, inconsideration for being permitted to participate in the Health & Fitness Center on my own initiative, I hereby agree that I am responsible for any resulting personal injury, damage to or loss of, my property which may occur as a result of my participation in this activity or arising out of my participation in this activity, unless any such personal injury, damage to or loss of my property is directly due to the negligence of the Russell County Health & Fitness Center. I understand that this Assumption of Risk form will remain in effect during my participation in the Health & Fitness Center, unless a specific revocation of this document is filed in writing with the Health & Fitness Center Manager, at which time my participation in the Health & Fitness Center will cease.

I acknowledge that I have read and fully understand this document. I further acknowledge that I am accepting these personal risks and conditions of my own free will.

In case an emergency situation, please contact _____ at _____

Name

Phone Number

and/or _____

at _____

Name

Phone Number

I represent that I am 18 years of age or older and legally capable of entering into this agreement.

Participant's signature

Print Name

Date

Address

If participant is less than 18 years of age, the following section must be completed:

_____ My child/ward is under 18 years of age and I am hereby providing permission for him/her to participate in this and subsequent health and fitness activities.

Child's Name

Parent's or Guardian's Signature

Date