

VILLAGE FITNESS

CONSENT TO PARTICIPATE

I, _____, wish to engage in a voluntary physical fitness program at Village Fitness LLC. While there are many benefits to participation, I understand that there are inherent risks associated with the participation in vigorous physical activity including but not limited to heart attack and/or cardiac arrest, stroke, and musculoskeletal (bone, joint, muscle, etc.) injury.

In order to reduce my risk of injury and/or illness, Village Fitness LLC has asked me to thoroughly and accurately complete and return the “*Physician’s Statement Regarding Participation*” and the “*New Member Health Questionnaire*.” In addition, Village Fitness LLC has offered me the opportunity to receive the “*New Member Package*” designed to orient me to the facility and equipment and assist in exercise program development.

Please initial next to any/all applicable statements below:

_____ I declined to sign the “*Physician’s Statement Regarding Participation*.” I still wish to participate and assume the risk of any concerns my physician may disclose.

_____ I declined to complete/sign the “*New Member Health Questionnaire*.” I still wish to participate and I assume the risk of any conditions I did not disclose.

_____ I declined the “*New Member Package*.” I still wish to participate and understand that I may consult a Village Fitness staff member for this training at any time. I assume the risk of injury arising from misuse of equipment and/or unsafe physical training procedures.

EXCEPT FOR EQUIPMENT MALFUNCTION, I AGREE TO HOLD VILLAGE FITNESS LLC HARMLESS FOR ANY INJURY OR ILLNESS I SUSTAIN THROUGH MY VOLUNTARY PARTICIPATION IN THIS PHYSICAL FITNESS PROGRAM. I AGREE TO INDEMNIFY VILLAGE FITNESS LLC FOR ANY DAMAGE AND LOSS I CAUSE DUE TO MY USE OF THEIR FACILITY AND EQUIPMENT.

Signature of member _____ Date _____

For members under 18: I, _____, am the parent or legal guardian of the aforementioned member and grant my consent for him/her to participate in a physical exercise program at Village Fitness LLC. I have reviewed and affirm all the assertions above. If the member is under age 16, I agree to accompany him/her in the facility at all times.

Signature of parent/guardian _____ Date _____