



## *Scenic Hills* Senior Center

Serving the Senior Citizens of Hocking County

187 S. Spring St., Logan Ohio 43138 385-6581 Fax: 385-3548

### MEDICAL RELEASE FOR CLIENT TO USE EXERCISE EQUIPMENT

I understand and will abide by the regulations stated below. I will not hold the Scenic Hills Senior Center responsible of any liability.

- I must have a medical release signed by my physician.
- Before using exercise room, I will sign in on sheet (Kept in office)
- Upon finishing in exercise room I will sign out on sheet.
- All exercise equipment will be used on my own risk.
- I understand the exercise room is not monitored.
- I must be physically able to use exercise equipment.
- **List any exercise equipment restrictions**

Client Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Printed Signature: \_\_\_\_\_

Date \_\_\_\_\_

Form must be renewed every two years



Please turn page over to sign the Waiver & Release of Liability for Exercise Room

WAIVER AND RELEASE OF LIABILITY  
FOR SCENIC HILLS SENIOR CENTER *EXERCISE ROOM/GYM*

In consideration of the risk of injury while participating in use of *Exercise Equipment* consideration for the right to participate in the Gym, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the Gym, and do hereby release and forever discharge SHSC their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss, that I may suffer as a direct result of my participation in the aforementioned Gym.

I am voluntarily participating in the aforementioned Gym and I am participating in the Gym entirely at my own risk. I am aware of the risks associated with traveling to and from as well as participating in this Activity, which may include, but are not limited to, physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and death.

I agree to indemnify and hold harmless SHSC against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by my or anyone on my behalf, including attorney's fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf.

I acknowledge that SHSC and their directors, officer, volunteers, representatives and agents are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of SHSC.

I acknowledge that this activity may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, lack of hydration, condition of participants, equipment, vehicular traffic and actions of others, including but not limited to, participants, volunteers, spectators, coaches, event officials and event monitors, and/or producers of the event.

I acknowledge that I have carefully read this "waiver and release" and fully understand that it is a release of liability. I expressly agree to release and discharge SHSC and all of its affiliates, managers, member, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, from any and all claims or causes of action and I agree to voluntarily give up or waive any right that I otherwise have to bring a legal action against SHSC for personal injury.

To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of SHSC, its agents, and employees, and county.

In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

Client Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_