

Bloomfield Fitness & Recreation Center Day Use

Agreement and Release of Liability

ALL USERS MUST BE AT LEAST 18 YEARS OF AGE AND HAVE AN I.D

1. In consideration of gaining membership or being allowed to participate in the activities and programs of the City of Bloomfield and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge the City of Bloomfield, its elected officials, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above-mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability from any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned of others acting on their behalf of in any way arising out of or connected with my participation in any activities of the City of Bloomfield or the use of any equipment at the Bloomfield Fitness and Recreation Center. (Please initial _____)
2. I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I also understand that there is **NO ORIENTATION** prior to beginning my workouts that would have explained the proper usage of every machine in the Fitness Center and that the City of Bloomfield does not provide any oversight or monitoring of the Fitness Center. I also expressly assume and accept any and all risks of injury or death. (**Please initial** _____)
3. Do you have a heart condition and/or any other physical limitations or restrictions that would prevent you or make it difficult for you, or inhibit you in any form from using any of the machines that are used in the Bloomfield Fitness Center which include: *Universal* Seated Chest Press, Tricep Press, Leg Extension, Shoulder Press, Seated Leg Curl, Seated Row, Seated Leg Press, Pec Deck, Bicep Curl, Lateral Pull-down, Back Extension, Abdominal Crunch, Total Hip, Cable Crossover, Fitstep, Aero Recumbent Bicycle, Walker Treadmill, and Tredex Treadmill. *Schwinn* *Airdyne* Bicycles. _____ YES or _____ NO. (**Please initial** _____)
4. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities and programs of the City of Bloomfield or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in and exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in activity and/or use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities. (**Please initial** _____)

Print Name: _____

Date

Signature

Witness Signature: _____ Date: _____