

Hanover Township Park District

500 FILLMORE STREET | P.O. BOX 86 | HANOVER, ILLINOIS 61041 | 815-591-3622 | http://www.hanoverparkdistrict.com

FITNESS AND WEIGHT ROOM WAIVER

Participant's Name _____ Sex: M ___ F ___

Address _____ City/State _____ Zip _____

I, _____, the undersigned, in consideration of and as a condition of Hanover Township Park District which permits me to participate in endorsed fitness classes and the use of the Park District's facility and equipment, hereby assume all risk of danger or injury (including death) which may be sustained by me and/or my property while participating in said classes, while using facilities or equipment, or during travel to or from said classes and /or facilities; and acting for myself, my spouse, children, heirs, personal representatives and assigns, do hereby release the Hanover Township Park District, and owner and/or operators of any premises, individually or collectively, their directors, officers, agents, employees and/or elected or appointed officials from all liability for injury or death of any person and/or damage to any property resulting from, or arising out of my participation in the Hanover Township Park District endorsed fitness classes, use of the Park District's facilities, and/or fitness equipment.

I, the undersigned, being duly aware of the risks and hazards of physical exercise, in the training and preparation for these activities, do hereby elect voluntarily to participate in the said fitness classes or use of Hanover Township Park District's fitness facilities.

In signing this consent to participate, I hereby acknowledge and represent: (a) that I have read this document in its entirety, and understand it and sign it voluntarily; (b) that I am of legal age; (c) that this consent to participate is the entire agreement between parties hereto and its terms are contractual and not mere.

Emergency
Contact _____ Phone(s) _____

Participant's Signature _____