
Release of Liability Form – Pool and Fitness Room

Date: _____

First Name: _____ Last: _____

Phone: (H): _____ (W): _____

Email: _____

RELEASE OF LIABILITY

I understand that the use of the exercise equipment including weight machines, and cardiovascular machines can be dangerous. I accept full responsibility for any injuries that I may incur through the use of the facilities at the Ellicott Meadows Fitness Center and release the Ellicott Meadows Fitness Center and its representations of all liabilities.

To my knowledge, I do not have any physical or mental condition that would prevent me from participating in an exercise program at the Ellicott Meadows Fitness Center.

I understand that all persons using the pool or pool area do so at their own risk. The Association, Management or their agents do not assume responsibility for any accident or injury in connection with such use.

By signing below I agree to the release of liability above, and that I have read and will follow the Rules and Regulations given to me for the Fitness Facility and Community Pools. I will notify all guests of the rules and regulations and will assume sole responsibility for them.

Member Signature: _____ Date: _____

Member Address: _____

Would you like your contact information published on our resident's list? This is for internal use only. Yes _____ No _____