



## FITNESS ROOM REGISTRATION FORM

Name: \_\_\_\_\_ Phone (local): \_\_\_\_\_

Year-Round Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Summer Address (if different): \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

*(We do not share or sell our email address list)*

I understand that exercising and using the exercise equipment/machines in The Neighborhood House Fitness Room contains certain dangers and risks. If not used properly, the use of the equipment/machines can result in serious injury. I represent to the Neighborhood House that I will not use any equipment/machines within the space that I do not know how to use properly and safely. I represent to The Neighborhood House that I will not engage in any exercise or other activity that is inappropriate for my physical or medical condition. I also understand that there may not be anyone else in the Fitness Room to assist me if I injure myself or have a medical emergency.

I understand that all persons who utilize the Fitness Room must complete this registration forms, and that my access card is only to be used by me. I understand that I may not bring guests to the Fitness Room who have not completed this form and have an active membership of their own.

I understand that exercising and utilizing the equipment and machines within the Fitness Room expose me to potential injury and risks, both known and unanticipated. Acknowledging that such risks exist, I hereby waive, release, absolve, indemnify and agree to hold harmless The Neighborhood House, respective directors, officers, agents, volunteers, and employees from any and all claims of liability for personal injury suffered while utilizing the Fitness Room.

\_\_\_\_\_  
NAME (PRINTED)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE