

# HealthPlex

Guest Name \_\_\_\_\_

(Please Print Neatly)

Guest Id type and # \_\_\_\_\_

Address \_\_\_\_\_

Member's Name \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Guest Date of Birth \_\_\_\_\_

Phone \_\_\_\_\_

Fee paid \$ \_\_\_\_\_

## Agreement and Release of Liability

1. I \_\_\_\_\_ (name) of \_\_\_\_\_ (city), County of \_\_\_\_\_ (county) in consideration for being granted a membership into the program of the Healthplex of Cape Fear Valley Health System and being allowed to use its facilities and equipment or for the privilege or using the facility, and participating in activities or programs whether personally directed or as part of a group, I do hereby on behalf of myself, my heirs, personal representative, and assign waive, release and forever discharge Cumberland County Hospital System, Inc. d/b/a Cape Fear Valley Health System (HealthPlex) and it's officers, agents, employees, or trustees from any and all claims and demands of whatever nature, actions, and causes of actions, liability, damages, costs, and loss of services, arising from any injury or damage to me resulting from therefrom. This Agreement and Release of Liability applies to all activities that result from my participation in any activity or program at the HealthPlex or the use of any equipment at the HealthPlex and further applies whether damage or injury is caused by a negligent act or omission or otherwise of HealthPlex, it's officers, agents, employees and trustees.

**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 the equipment with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury and death.

**Please initial** \_\_\_\_\_

3. 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 HealthPlex or use of any equipment. I do hereby acknowledge that I have been informed of the need for a physician's approval for any participation in an 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 physicians permission to participate, or that I have decided to participate in activity and/or use of equipment without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment in my activities.

**Please initial** \_\_\_\_\_

By placing my initials after each paragraph and signing below, I certify that I have read this Agreement in its entirety and understand its content.

\_\_\_\_\_

Date

\_\_\_\_\_

Date

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Staff Signature

\_\_\_\_\_

Parent's Signature (if under 18)