

HILLSBORO

health

FITNESS & AQUATICS

Waiver & Release/Signature of Consent/Parent & Guardian Waiver

You (each member, guest, or participant) agree that if you engage in any physical exercise or activity or use any Hillsboro Health Fitness & Aquatics amenity on or off premises, including any sponsored club event, you do so entirely at your own risk. You agree to participate in these activities voluntarily, use these facilities and premises, and assume all risks of injury, illness, or death.

You agree always to follow your physician's advice concerning all aspects of your health. We are also not responsible for any loss of your personal property. You acknowledge that you have carefully read this "waiver and release" and fully understand that it is a release of liability. You expressly agree to indemnify and hold harmless Hillsboro Health Fitness & Aquatics and its affiliates, employees, agents, representatives, successors, or assigns from any claims or causes of action. You agree to voluntarily give up or waive any right to bring legal action against Hillsboro Health Fitness & Aquatics or its affiliates for negligence, personal injury, or property loss or damage.

Suppose an individual were to break any of Fusion's policies, exhibit inappropriate behavior that could endanger themselves, members, or staff, or disregard authority from any staff member. In that case, they will be instructed to leave the premises immediately. When deemed appropriate, the facility may also bring the matter to the attention of the proper law enforcement.

Note: Should any part of this agreement be found by a court of law to be against public policy or in violation of any state statute or case precedence, the remainder of this document will remain in full force.

Signature of Consent

I have read the rules and regulations about using Hillsboro Health Fitness & Aquatics. I, all individuals listed on the membership, and any guest I bring will comply with these requirements, and all other posted rules and regulations, with the understanding that if I do not, Hillsboro Health Fitness & Aquatics will forfeit my membership privileges, guest privileges, and any membership dues paid.

Parent & Guardian Waiver

You agree that you are aware that the child/children named below will be engaging in physical exercise involving various sports, events, aquatic activities, and general fitness training, which could cause injury to him/her.

You understand that the child voluntarily participates in these activities and assumes all risk of injury that may result from engaging in any exercise program or sports-related event, including tripping, slipping, or falling on or off the club premises. You now offer to waive any claims or rights that you might otherwise have to sue the club or employees, owners, officers, or agents for any injury that might occur.

Signature _____ Date _____

Print Name _____ Child's Name/s _____