

# ACKERMAN SPORTS & FITNESS CENTER WAIVER

## IMPORTANT INFORMATION

The Glen Ellyn Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The (District) continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participant's safety. However, participants and parents/guardians of minors registering for this program must recognize that there is an inherent risk of injury when choosing to participate in recreational activities.

You are solely responsible for determining if you or your minor child/ward is physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, suffers from an underlining medical condition, takes medication, smokes cigarettes, has a family history of coronary disease, or has recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

### WARNING OF RISK

Aerobic and other fitness exercises including such items as passive/resistive weight training, use of stair machines, jogging, free weights, and other training devices, despite careful and proper preparation, instruction, medical advice, conditioning, and equipment, pose a substantial risk of serious injury, including death. Understandably, not all hazards and dangers can be foreseen. Participants must understand that certain risks, dangers and injuries due to acts of God, slipping, falling, equipment failure, and failure in supervision/instruction, premises defects and all other circumstances inherent to recreational activities/programs exist. Dependent upon a person's physical condition, age and skill level, aerobics and fitness exercises can involve a substantial risk of the following types of injuries. This list is by no means complete, but includes some of the more common ones:

1. Heart attack, stroke and circulatory problems
2. Bone and joint injuries
3. Back and neck injury
4. Shin splints
5. Muscle strain and other muscle injuries
6. Foot problems

## WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity.

I recognize and acknowledge that there are certain risks of physical injury associated with participating in this program/activity, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity, that I or my minor child/ward may sustain as a result of such participation. I fully understand and agree that all exercises including aerobic activities, the use of weights, number of repetitions, and use of any and all machinery, equipment and apparatus designed for exercising shall be at me or my minor child/ward's sole risk. Notwithstanding any consultation or instruction on exercise programs which may be provided by the Glen Ellyn Park District, it is hereby understood that the selection of exercise programs, methods and types of equipment shall be me or my minor child/ward's entire responsibility, and that the Glen Ellyn Park District, including its officials, employees, agents and volunteers (herein after collectively 'District') shall not be liable for any claims, demands, injuries, damages, or loss to person or property arising out of or in connection with the use of the services and facilities contemplated by this agreement.

I further agree to waive and relinquish all claims I or my minor child/ward may have or which may accrue to me and/or my minor child/ward as a result of participation in this program/activity.

I do hereby fully release and forever discharge the District from any and all claims for injuries, damages or loss that I or my minor child/ward may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/activity.

**I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering online or via fax, your online or facsimile signature shall substitute for and have the same legal effect as an original form signature.**

**Please list children under the age of 18 who will be included as a Family Member.**

(Family Membership includes up to five immediate family members, children age 5 and over.)

Child's full name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's full name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's full name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Participant's Name (please print) \_\_\_\_\_

Participant's Signature \_\_\_\_\_  
(18 years and older or Parent/Guardian)

Date \_\_\_\_\_

**PARTICIPATION WILL BE DENIED**

**if the signature of adult participant or parent/guardian and date are not on this waiver.**