



EAA FITNESS CENTER INFORMED CONSENT AND RELEASE OF LIABILITY

I recognize that exercise is not without some risk to the musculoskeletal system (e.g. sprain, strain) and cardiorespiratory system (e.g. dizziness, fainting, abnormal heartbeat, discomfort in breathing, abnormal blood pressure response, and in rare instances, heart attack or stroke). I acknowledge that not all risks can be known in advance. I hereby certify that I know of no medical problems that would increase my risk of illness or injury as a result of participation in exercise programs offered by the EAA Fitness Center.

I understand that it is my responsibility to inform Fitness Center Staff members of any changes in my medical condition, including but not limited to, pregnancy. Upon notification to the Fitness Center Staff of a change in my medical condition, the staff will determine whether or not a change in my exercise program is warranted. I further understand that it is my responsibility to report immediately to a Fitness Center Staff member any signs or symptoms of discomfort and/or distress during or following an exercise program. I also consent to the administration of first aid and resuscitative measures, should the need arise, by Fitness Center Staff.

I hereby release and hold harmless the EAA Fitness Center, its agents, employees, and independent contractors from any and all liability, damage, expense, causes of action, suits, claims or judgments, arising from injury, damage or loss, or claims of injury, damage or loss to me or my personal property which may arise out of my use of the EAA Fitness Center facility and/or their independent contractors. This release does not apply to acts of gross negligence performed by employees and/or contractors of EAA Fitness, resulting in direct injury to me.

I have read the entire Informed Consent and Release and accept the conditions stated herein as a requirement to participation in this program.

Sign Name: _____

Date: _____

Print Name: _____

Work Phone: _____ Email Address: _____

Emergency Contact: _____

Phone Number: _____