 **Fitness Center Waiver**

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**ACKNOWLEDGEMENT AND RELEASE OF LIABILITY**

I request authorization for myself to use the 400 South Tryon Gymnasium facility (the “Gym”). I acknowledge that use of the Gym by me is expressly conditioned on my agreement to each of the terms of this document. I acknowledge and agree as follows:

Use of the Gym involves physical exercise, sport, and recreational activities that may cause injury. I understand that there is an inherent risk of injury when choosing to participate in any physical exercise, sport, wellness, and/or recreational activities. My use of the Gym is a voluntary activity in all respects and I assume all risks of injury and illness that may result from such use. This includes any sponsored group activities or individual use of the facility or exercise equipment.

As the participant, I recognize and acknowledge that there are risks of physical injury and I agree to assume the full risk of any injuries (including death), damages, or loss which I may sustain as a result of participating in any and all activities arising out of, connected with, or in any way associated with my use of the Gym. I acknowledge that participation and use of the Gym is voluntary.

I, on behalf of myself, do hereby fully release and discharge the owners and managers of 400 South Tryon and their agents, employees and the sponsors, and those whose facilities are being used for this program (collectively, the “Released Parties”) from any and all liability, claims, and causes of action from injuries or illness (including death), damages or loss which I may have or which may accrue to me on account of participation in all activities utilizing the facility. This is a complete and irrevocable release and waiver of liability. Specifically, and without limitation, I, on behalf of myself, hereby release the Released Parties from any liability, claim, or cause of action arising out of the Released Parties’ negligence. I, on behalf of myself, covenant not to sue the Released Parties for any alleged liabilities, claims, or causes of action released hereunder.

I further agree to indemnify and hold harmless and defend the Released Parties from any and all claims resulting from injuries or illness (including death), damages, or loss, including, but not limited to attorneys’ fees, sustained by me arising out of, connected with, or in any way associated with, the Gym.

In the event of any emergency, I authorize the Released Parties to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have been advised by the owners and managers of 400 South Tryon to consult with a physician before I undertake any physical exercise program. I certify that I am in good health and sufficient physical condition to properly use the Gym; that I am knowledgeable about the proper use of any equipment that I will use and the rules of any activities that I will participate in; and that I will carefully read the operating instructions for any Gym equipment prior to use and will operate such equipment in strict accordance with instructions.

The Released Parties are not responsible for any loss or theft of personal property brought to or left in the Gym and I release the owners and managers of 400 South Tryon from any liability for such loss or theft.

I have read and fully understand this Acknowledgement and Release of Liability set forth above, including the permission to secure medical treatment and the release of all claims, including claims for the negligence of the Released Parties. I am 18 years old or older. I understand that my signed waiver will be retained in my employee personnel file. This document is binding upon me and my heirs, children, wards, personal representatives and anyone else entitled to act on my behalf.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I also agree to the following rules regulating use of the Gym:

1. Employees have access to the Gym for wellness activities solely on a voluntary basis on their own time and should seek medical approval before starting any new exercise program.

2. Employees are allowed unscheduled individual access to the fitness room at any time Monday-Sunday.

3. Access is limited to 400 South Tryon tenants and their employees with an issued key card for the Gym. The key card will allow the employee unscheduled access every day to the fitness room anytime Monday-Sunday. Entrance is through the main Gym door on the first floor of the building.

4. Before receiving a key card, employees must give this signed liability waiver form for the 400 South Tryon Gym.

5. Access to the fitness room exercise equipment is on a first come, first serve basis. The amount of equipment is limited and employees are asked to limit their use on the fitness equipment to 30 minutes when others are waiting to use the equipment.

6. Employees must not allow non employees without key card access into the Gym.

7. Employees are responsible for leaving the Gym clean and following the posted rules for safe use and maintenance of the fitness equipment. Problems with exercise equipment or maintenance issues in the facility should be reported to building management located on the first floor or to the security staff.

8. Lockers can be used only while the employee is at the Gym. Any items left in lockers will be removed.

9. No equipment is to be removed from the premises.

10. Failure to observe the above rules can result in termination of an employee's access to the facility.

11. For safety and security, employees are encouraged to not use the Gym alone. This is especially important in the evening and early morning hours.

12. In case of an emergency, employees should use the panic buttons located in the Gym.

13. All areas of the Gym shall remain alcohol and tobacco free.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Access Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Employee I.D. #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DIRECTIONS

1. Employees must sign both pages of this form.

2. Forms should be submitted to Trinity Partners Management Office. djohnson@trinity-partners.com

3. Provide access card number for programming access to the facility.

4. Signed forms will be kept on file in the management office.