

**Roselle Park District
Fitness Services**

Important Information

Participants registering for recreation or fitness programs must recognize there is an inherent risk of injury when choosing to participate in these activities. The Roselle Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions which have been designed to protect the participant's safety.

Please recognize that the Roselle Park District does not carry medical insurance for injuries sustained in its programs. Therefore, each person registering themselves or a family member for a recreation program/activity should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make the Roselle Park District automatically responsible for the payment of medical expenses.

Warning of Risk

Aerobic and other fitness activities such as passive/resistive weight training, use of stair machines, jogging, free weights, other training devices, and fitness testing are intended to challenge and engage the physical, mental and emotional resources of the participant. Despite careful and proper preparation, instruction, medical advice, conditioning, and equipment, there is still a risk of serious injury. All hazards and dangers can not be foreseen. Depending on the particular activity, certain risks, dangers and injuries due to overexertion, improper technique, ignoring safety precautions, failing to follow instructions, slips and falls, unfamiliarity with the equipment and/or exercise, equipment failure, failure in supervision/instruction, premises defects and other risks inherent to the particular activity exist. In this regard, it is impossible for the Park District to guarantee absolute safety.

Dependent upon a person's physical condition, age and/or skill level, aerobics and fitness activities 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:

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

You are responsible for determining if you are physically fit for these activities. It is always advisable, especially if you are pregnant, disabled in any other way, or recently suffered an illness, injury or impairment, to consult a physician before undertaking fitness testing or a physical exercise program.

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 any fitness/ exercise program and activity.

Please read this form carefully and be aware that in signing up and participating in fitness and exercise programs/activities, 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 fitness and exercise preparation, testing, activities, and training.

I recognize and acknowledge that there are certain risks of physical injury to participants in fitness and exercise programs and activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these program and activities against the Roselle Park District, including its officials, agents, volunteers and employees.

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 on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

PLEASE PRINT NAME _____

Participant's Signature _____ Date _____

(18 years or older or Parent/Guardian)

**PARTICIPATION WILL BE DENIED
If the signature of adult participant or parent/guardian and date are not on this waiver.**