

Cathance Fitness Center

Medical Waiver and Release Statement

The Cathance Fitness Center suggests a physician's examination prior to becoming a member of our club. By signing below, the undersigned understands that a physician's exam should be obtained prior to starting any exercise program; the undersigned recognizes that it is not the responsibility of The Cathance Fitness Center to provide or obtain this examination on the behalf of its members.

I/we the undersigned do hereby agree for ourselves (and for all persons or concerns, or who may claim to have cause of action of any character by, under or through us) to save harmless Cathance Fitness Center, its officers, employees and agents from any and all damages, claims, demands or suits of any kind for any injury (including death) or damage incurred by us resulting from or in any manner arising out of our activities while in or on the property or while participating in any of our off site trips, clinics or classes.

I/we agree to use the fitness facility only when another person is available to make an emergency phone call.

New Member

Date _____ Signature _____

Parent or Guardian if under 18 _____

Cathance Fitness Center Staff

Date _____ Signature _____