

**Fifth and Poplar Fitness Room User Agreement, Release & Waiver of Liability**

In consideration of the sponsorship of space for the Fitness Room by the Fifth and Poplar RCOA and the opportunity provided to me to utilize the fitness room, I

\_\_\_\_\_ understand and agree as follows:  
(print name)

- 1. To the best of my knowledge, I am physically sound and have medical approval by my doctor to participate in physical exercise activities of the type normally engaged in a voluntary health & fitness facility.
- 2. I understand and agree that I am responsible for learning how to use the equipment properly and safely. I am responsible for establishing and maintaining my own exercise program. Should instruction be offered, I hold myself responsible for any potential injuries that may occur.
- 3. I understand that the Fifth & Poplar RCOA reserves the right to change or cancel the continued availability of the Fitness Room without liability to me. No lease, license or bailment is created by my use of the Fitness Room. The Fifth & Poplar RCOA is not liable for any loss or damage to my property.
- 4. I agree to refrain from using equipment that I determine to be defective or in need of maintenance or repair.
- 5. I understand that a risk of injury is present when engaging in or utilizing the Fitness Room and I assume all responsibilities and risk of participation in this program.
- 6. I understand and agree that the use of the Fitness Room is voluntary.
- 7. IN CONSIDERATION OF THE ACCEPTANCE OF MY EXERCISE AGREEMENT, I THE UNDERSIGNED INTENDED TO BE LEGALLY BOUND FOR MYSELF, MY HEIRS, EXECUTORS, AND ADMINISTRATORS DO HEREBY RELEASE THE FIFTH & POPLAR RCOA AND THEIR REPRESENTATIVES, SUCCESSORS, AND ASSIGNS, FROM ANY AND ALL LIABILITY ARISING FROM INJURIES, INCLUDING DEATH, THAT I MAY SUFFER AS A RESULT OF MY USE OF THE FITNESS ROOM.
- 8. MY SIGNATURE ON THIS WAIVER IS EVIDENCE I WAS INFORMED BY THE FIFTH & POPLAR RCOA THAT BEFORE PARTICIPATING IN ANY FITNESS ACTIVITY IN THE FITNESS ROOM LOCATED 300 W 5TH STREET, CHARLOTTE, NC 28202, I SHOULD CHECK WITH MY DOCTOR TO SEE IF THE EXERCISE EQUIPMENT AND INSTRUCTIONS ARE SUITABLE FOR MY HEALTH AND PHYSICAL CONDITION.
- 9. I HAVE CAREFULLY READ THIS AGREEMENT, RELEASE & WAIVER LIABILITY, AND I KNOW ITS CONTENTS. I HAVE VOLUNTARILY SIGNED AS MY OWN FREE ACT.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ 20 \_\_

Unit # \_\_\_\_\_