

FITNESS CENTER APPLICATION

Bristol Harbour Village Association

Full Name _____ DOB _____
Add'l Family _____ DOB _____
Add'l Family _____ DOB _____
Add'l Family _____ DOB _____
Primary Email _____
Address _____

Cell Phone _____
Other Phone _____
Emergency Contact _____

Informed Consent Waiver

I, the undersigned, wish to use the fitness center at the Bristol Harbour Community Center. I certify that I am physically able to participate in exercise activities. I have a reasonable basis for this opinion due to examination and/or consultation with my physician. I also certify that I will use good judgement while exercising and will not overexert. I recognize that I am responsible for knowledge of my own state of health.

I realize that any time one engages in physical activity there are inherent dangers. I, therefore accept any and all responsibility and assume risk of any and all injury or damage to my person which may arise, whether directly or indirectly, as a result of my participation in the fitness program, or as a result of the prescriptive advice I receive, I hereby release and hold harmless from any liability, whatsoever, the BHVA, as well as its affiliates, directors, officers, employees and representatives.

I also agree to abide by the rules and regulations as established by the BHVA with the understanding that violation of such rules may result in withdrawal of my privilege to utilize the fitness facility or engage in the prescribed fitness program.

I certify that I understand and agree to the contents of this waiver.

Signed: _____ Date: _____

Return to 30 Golfside Circle Canandaigua, NY 14424 or email to cwallace@kenrickfirst.com