

HOOD PARK RELEASE FORM

AGREEMENT AND RELEASE OF LIABILITY

In consideration of being allowed access to the Fitness Center (Facility) at Hood Park, Charlestown, MA (Building) and to use its facilities, equipment, and machinery, I hereby agree to hold harmless the Building owner and property manager, its shareholders, directors, officers, personnel and agents and their respective heirs, personal representatives, successors and assigns from all claims, liabilities, actions, damages, losses, costs and expenses caused directly or indirectly, in whole or in part, arising out of or in any way connected with entering, attending, participating in or leaving the Facility.
(Please initial_____)

I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, are potentially hazardous activities. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment and machinery with the knowledge of the danger involved. I hereby agree to expressly assume and accept any and all risks of injury or death. (Please initial_____)

I agree to comply with any rules or regulations that the Building owner or manager may establish for use of the Facility or the Equipment. I will also comply with any amendments or other modifications or those rules or regulation. (Please initial_____)

I understand that I am responsible for any damage I may directly or indirectly cause to the Facility or any of the Equipment. In addition, I will notify my company's office administrator to inform the building management if I notice any damage to the Facility or any of the Equipment. (Please initial_____)

I understand that I will be given access for the Facility via key card. I will not give or lend my key card to anyone else. I will not let any unauthorized person into the Facility. I will notify my company's office administrator to let the Building management know immediately if the key card is lost or stolen. If issued a key card by building management, I agree to return the key card to the Building management or security officer upon termination of my employment at the Building. (Please initial_____)

I am over 18 years of age and do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in any of the activities and programs at the Fitness Center at the Hood Park, or use of any equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in activity and/or use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities and utilization of equipment and machinery in my activities.
(Please initial_____)

Date: _____

Printed Name: _____

Signature: _____

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Sex (M/F): _____

Employer Name: _____

Most tenant card access systems are compatible with the access system for the fitness center. If you have a card provided by your employer, please provide the card number and it will be programmed for fitness center access. If you do not have an existing card, please write "Card needed" on the line below and a card will be provided to you.

Existing Card#: _____

- Please provide photo (driver's license, "selfie", etc.) with this application.