

DAY PASS \$5.00

Birdsboro Community Memorial Center

In consideration of my use of the exercise equipment and facilities at The Birdsboro Community Memorial Center, I expressly agree and contract, on behalf of myself, my heirs, executors, administrators, successors and assigns, that BCMC and its insurers, employees, officers, directors, and associates, shall not be liable for any damages arising from personal injuries (including death) sustained by me in, on, or about the premises, or as a result of the use of the equipment or facilities, regardless of whether such injuries result, in whole or in part, from the negligence of BCMC.

By the execution of this agreement, I accept and assume full responsibility for any and all injuries, damages (both economic and non-economic), and losses of any type, which may occur to me, and I hereby fully and forever release and discharge the BCMC, its insurers, employees, officers, directors, and associates, from any and all claims, demands, damages, rights of action, or causes of action, present or future, whether the same be known or unknown, anticipated, or unanticipated, resulting from or arising out the use of said equipment and facilities.

I expressly agree to indemnify and hold BCMC harmless against any and all claims, demands, damages, rights of action, or causes of action, of any person or entity, that may arise from injuries or damages sustained by my.

I agree to be solely responsible for my safety and wellbeing of myself. I understand that the BCMC does not provide supervision, instruction, or assistance for the use of the facilities and equipment and is open for use twenty four hours a day, seven days a week.

I agree to comply with all rules imposed by the BCMC regarding the use of the facilities and equipment. I agree to conduct myself in a controlled and reasonable manner at all times, and to refrain from using any equipment in a manner inconsistent with its intended design and purpose.

I understand and acknowledge that the use of exercise equipment involves risk of serious injury, including permanent disability and death.

I understand and agree that the BCMC is not responsible for property that is lost, stolen, or damaged while in, on, or about the premises.

I understand and agree that my use of the facilities and equipment is only to be undertaken on my own personal time, and that my use of the facilities and equipment is not within the course or scope of my employment.

I HAVE READ THE FOREGOING WAIVER AND RELEASE OF LIABILITY AND VOLUNTARILY EXECUTED THIS DOCUMENT WITH FULL KNOWLEDGE OF ITS CONTENT.

Name: _____ **Date:** _____

Phone # : _____

Email: _____

Signature: _____

If under 18 Parent/Guardian Permission

(If you are over 18 years of age Emergency Contact information only, no signature required)

Name: _____ **Relationship to you:** _____

Phone # _____

Email: _____

Signature: _____

