

Fitness Center Agreement & Liability Release For youth ages 14-17 years

Participant's Name:	Date of Birth:				
	Zip:				
Telephone (day):	(eve):				
This form must be fille	ed out before admission to the center will be granted.				
activities, I, the undersigned, waive and release may have. I know and fully understand the including death. I voluntarily, knowingly rewith these activities. I verify that I am medical Having read this Agreement and Liability F	me by the City of Portland to use their fitness center and participate in ase any and all rights that I, my heirs, executors, administrators or assigns nat weight training or aerobic activities involve the risk of serious injury, ecognize and expressly assume all risks of such injury or death associated cally and physically able to participate in these activities. Release form and knowing the facts, and in consideration of my daily, 3-ton fee and being allowed to participate in these activities, I hereby for				
myself, my heirs, executors, administrators, a discharge the City of Portland, Portland Par	assigns, or anyone else who might claim on my behalf, release and forever rks & Recreation, and their employees, from any responsibility or liability acluding death) or property damage or loss as a result of or growing out of				
I understand that this Agreement and Lia understood all of the above.	ability Release is contractual and I acknowledge that I have read and				
Teen's Signature:	Date:				
Parent/Legal Guardian's Signature:	Date:				
Community Center Representative:	Date:				
Person to contact in case of emergency:					
Name:	Relationship:				
Telephone (day):	(eve):				
Address:	Zip:				

