

EVANS VALLEY COMMUNITY ASSOCIATION FITNESS ROOM WAIVER

8205 East Evans Creek Road, Rogue River, OR 97537

Participant Last Name	Participant First Name	Participant Middle Name	Date of Birth
Address	City	State	Postal
Home Phone	Work Phone	Cell Phone	
Email Address	Are you interested in volunteering to monitor the fitness room? Days/Times available:		
Emergency Contact	Emergency Phone		

NOTICE: THIS IS A LEGALLY BINDING CONTRACT BETWEEN MYSELF AND EVANS VALLEY COMMUNITY ASSOCIATION (hereinafter "EVCA"). In consideration of being permitted to use ANY PART OF EVCA facility and/or participate in any program offered by EVCA I agree to the following terms, covenants, and conditions, and make the following representations:

I understand that EVCA Membership is required in order to use the fitness room. I am an EVCA Member. I understand that the availability of the fitness room/hours of availability may vary.

I HEARBY ACKNOWLEDGE THE INHERENT RISKS IN ANY SPORT OR ACTIVITY IN WHICH I CHOOSE TO ENGAGE. I realize that those risks include, but are not limited to falls, bad decision-making, inattention of or actions of other participants, misuse or failure of equipment, and other accidents. I acknowledge that the above list is not inclusive of all possible risks associated with the use of the facilities. I VOLUNTARILY ASSUME AND ACKNOWLEDGE SUCH RISKS WITH FULL KNOWLEDGE AND APPRECIATION OF THE DANGER AND RISK INVOLVED.

I voluntarily agree to assume all risk of injury or death that may occur while I am in the facility, participating in any event or program, whether or not under supervision of EVCA or anyone associated with the EVCA. I hereby forever give up, waive, and release EVCA, its successors, assigns, officers, employees, members, and all other related persons and entities from any and all claims, whether known or unknown, which I have or may have in the future, which is in any way connected to my use of EVCA'S facility and/or any participation in any program or training offered by EVCA including any claims arising from the negligence of releasees.

I represent that I am in good health and have no physical limitations which would affect my safe use of the facilities. I agree to pay attention to the state of ANY equipment I may use, and to advise EVCA BOARD OF DIRECTORS if I do any damage or notice damage. I acknowledge that I have read the posted rules, and I agree to abide by these rules and any future rules, and if EVCA representatives make a specific request of or instruction to me, I agree to comply.

I further agree to defend, indemnify, and hold harmless EVCA, its successors, assigns, officers, employees, members, wall designers, and builders, and any and all related persons and entities from any and all claims, whether known or unknown, which is in any way connected to the use of the EVCA facility and/or any participation with any program or training offered by EVCA, including any claims arising from the negligence of releasees. I agree that should any language of this document be deemed to be unenforceable, the remaining language continues to be legally enforceable.

I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THIS ENTIRE DOCUMENT. I HAVE READ AND UNDERSTOOD IT, AND I AGREE TO BE BOUND BY ITS TERMS.

Participant Signature (18 years and older)	Date:
The minimum age for entrance in the fitness room is 14 years old. Parent(s) or Court-Appointed Legal Guardian(s) must sign below for any minor between the ages of 14-18. Parent/Guardian agree that they and the minor are subject to all the terms of this document, as set forth above and that the minor will only use the facility while parent/guardian is a present with them.	
Parent/Guardian Signature	
Child Name	Date:

NOTE: Please Mark (circle) amount & how you paid.

Check

Cash