

CROWN CENTRE PLACE FOR FITNESS

5005 Rockside Road, Lower Level

Independence, Ohio 44131

RELEASE FORM

Informed Consent and Release: The undersigned Participant acknowledges that improper, unauthorized or unreasonable use of the Facilities and/or equipment may cause muscle, ligament, or other types of physical injury. Further, all exercise can or may cause cardiovascular or other physical problems, injury or illness. Participant hereby states that he/she is in proper physical condition to use the Facilities and has adequate prior knowledge of correct exercise procedures and use of the exercise equipment. Participant unconditionally agrees that the use of the Facilities is at his/her own risk and that the Crown Centre Building, its agents, employees and assigns are hereby expressly released and discharged forever from any and all claims, demands, injuries, damages, actions or causes of action, acts of active or passive negligence, and from any bodily injury or property damage resulting from Participants use of Facilities.

Accepted:

Name: _____ Company Name _____

(printed)

Home Address: _____

Phone: _____

Signature: _____ Date: _____

Hours: Monday – Friday 6:30 am – 10 pm

**Saturday – 7 am – 1:30 pm (can be in building until 3 pm,
but must enter prior to 1:30 pm)**