

**ASSUMPTION OF RISK AND WAIVER OF LIABILITY
AGREEMENT REGARDING USE OF FACILITIES AND EQUIPMENT**

Please sign below.

I, _____, acknowledge, understand, and accept the following conditions for my use of the facilities and equipment located at the PrimeLife Center:

1. I shall not expect to have any medical personnel on the premises, but I grant PLE personal the authority to seek medical attention for any injury or health condition that I may experience as a result of my use of the facilities and equipment at the PLE Center.
2. I shall immediately notify PLE personnel of any condition of the premises that could cause injury to me or any other person, and I shall advise PLE personnel of any defect, malfunction, or disrepair of any exercise device. I shall not attempt to make repairs to any structure, device, or machine.
3. I shall not use any exercise equipment until I am trained in the proper use of that particular machine. Thereafter, I shall rely on my own understanding of its operation. After the initial instruction, I do not expect to be supervised, monitored, or attended by any PLE personal before, during, or after my exercise. I have had the opportunity to consult with my personal physician or other health care provider regarding the suitability of my use of all machines and facilities in light of my physical condition, and no one has made any representations of the types of benefits, if any, I may gain as a result of the use of the equipment and facilities.

IN CONSIDERATION OF MY USE OF THE FACILITIES AND EQUIPMENT, I do:

- Assume the risk of bodily injury for use of the facilities and equipment, as well as any loss of personal property while on the premises.
- Waive any claim of liability against PLE and hold it harmless for any injury I sustain as a result of my use of the facilities, for any defect, malfunction, disrepair, improper design, or misuse of the equipment, and for any loss or damage I may sustain while on the PLE premises or at any PLE function held elsewhere.
- Acknowledge that this WAIVER OF LIABILITY shall bind my heirs, personal representatives, and assigns against PLE employees, volunteers, contractors, and directors.
- Agree to notify PLE personnel of any unsafe condition of the premises and of any state of disrepair and malfunction of any structure and equipment.

Date: _____ Member/User

Witnessed on above date by: _____ Witness