

Fitness Program Activity
Individual Agreement and Release from Liability

1. Voluntary Participation. I, _____, acknowledge that I have voluntarily chosen to participate in a workout program (“Activity”) located at Central Middle School and/or the Columbus Police Department (“Facility”) in Columbus, Indiana. I verify this statement by placing my initials here: _____
2. Activity: I understand that the Activity is a non-competitive program designed to provide physical exercise in a supportive group environment. I represent that I am in adequate physical condition to participate and that I have consulted my doctor or other health care provider as to any concerns I have regarding my ability to participate safely. I verify this statement by placing my initials here: _____
3. Health information provided is not medical care or related to any kind of medical care. I understand that health information may be given voluntarily from time to time at the Activity. I understand that this information is being given in a public venue for general knowledge and is not intended to replace a personal consultation with my doctor or health care provider. I verify this statement by placing my initials here: _____
4. I understand that City of Columbus employees ONLY may be covered by health insurance provided by the City. I acknowledge that I ____AM__AM NOT a City of Columbus employee who is covered under the City’s health plan, place initials here: _____
5. Protection of my property. I understand that it is my responsibility to protect my property while attending Activity and that none of the Parties or Facility are responsible for any damage to or loss of such property. I verify this statement by placing my initials here: _____
6. Assumption of Risk. I am voluntarily participating in this Activity. I understand that there are risks associated with my participation in this Activity, such as physical and/or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability, death, or economic loss. These injuries or outcomes may arise from my own or other’s actions, inactions, or negligence, or the condition of the Activity location or Facility. Nonetheless, I assume all risks of my participation in this Activity, whether known or unknown to me, including travel to and from the Activity or any events incidental to this Activity, and I verify this statement by placing my initials here: _____
7. Hold Harmless. In consideration for my taking part in Activity, I, for myself, heirs, executor, administrators and successors, agree to hold, the City of Columbus, and the Bartholomew Consolidated School Corporation (BCSC) and Central Middle School, as well as any participating Police Officers from the Columbus Police Department and the Columbus Police Department (“Parties”) harmless from any and all claims, loss or damage to my personal property, liabilities, and costs, including attorney’s fees, as a result of my participation in this Activity, including travel to and from the Activity or any events incidental to this Activity. If any of the Parties incur any of these types of expenses, I agree to reimburse them, and I verify this statement by placing my initials here: _____

8. Medical Consent. If I need medical treatment as a result of my participation in this Activity, travel to and from the Activity, or any events incidental to this Activity, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware that the Parties do not provide health insurance for me and that I should carry my own health insurance, and I verify this statement by placing my initials here: _____
9. Release. In consideration for being allowed to participate in this Activity, I, for myself, heirs, executor, administrators and successors, release from liability and waive my right to sue the Parties, their trustees, employees, officers, volunteers and agents (collectively "Parties") from any and all claims, including claims of negligence, resulting in any physical injury, illness (including death) or economic loss I may suffer or which may result from my participation in this Activity, travel to and from the Activity, or any events incidental to this Activity. I verify this statement by placing my initials here: _____
10. Legal Right to Sign. I acknowledge that I am over the age of 18 years and have the legal right to sign this document and verify this statement by placing my initials here:_____
11. Knowing and Voluntary Execution. I have read this document, and I am signing it freely. I understand the legal consequences of signing this document, including (a) releasing the Parties from all liability, (b) waiving my right to sue the Parties, (c) and assuming all risks of participating in this Activity, including travel to and from the Activity or any events incidental to this Activity, and I verify this statement by placing my initials here: _____

Executed on this _____ day of _____, 20 ____.

Signature of Participant

Full Printed Name of Participant