



Leander Fitness Registration Form
(Please Print Clearly)



Participants Name: _____ **Date:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Birth Month:** _____

Email Address: _____

- Please add me to the Parks and Recreation Email List to receive monthly updates about events and programs.

Where did you hear about Leander Fitness Class? _____

What type of Programs and Events would you like to see in Leander? _____

WAIVER AND RELEASE OF LIABILITY

I, _____, agree and consent to the following:

I am voluntarily participating in Fitness classes provided by The City of Leander. I understand that the program requires physical exertion that may be strenuous at times and may cause physical injury, and I am fully aware of the risks and hazards involved. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the above-mentioned program. I represent and warrant that I have no medical condition that would prevent my participation in the program. I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of the owners, agents, officers, or employees of **The City of Leander**, or by any other person.

I agree to assume full responsibility for any risks, injuries, or damage known or unknown which I might incur as a result of participating in the program. Such injuries may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness, including death.

In the event I were to sustain an injury requiring emergency assistance, I authorize The City of Leander and its representatives to seek emergency medical assistance that, in instructors' sole discretion, may be necessary for me or (as applicable), and to arrange transportation to a medical facility. In that event, I agree to pay (or cause my insurance carrier to pay, if applicable) the costs associated with such emergency medical assistance. I hereby release The City of Leander and its agents from, and agree to indemnify and hold them harmless against, all claims resulting from such emergency medical assistance, if provided to me or arranged for my benefit by The City of Leander and its representatives.

I hereby authorize City of Leander to use my photographs/likeness for lawful and respectable purposes relating to Fitness Classes including publicity, choreographic archives, and promotional materials.

I, on behalf of myself, my personal representatives and my heirs hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify **The City of Leander** and its owners, agents, officers and employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my use of **City of Leander** equipment or my participation in **City of Leander** activities. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the owners, agents, officers or employees of **City of Leander**.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE **THE CITY OF LEANDER** FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

SIGNATURE

DATE

NAME (PRINTED)

PHONE NUMBER

PARENT / GUARDIAN NAME (PRINTED)

PARENT / GUARDIAN SIGNATURE