

Notice of Assumption of Risk - Waiver and Release
For Adult Participants at North Bellevue Community Center

Participant's Name (Print Clearly)_____

Date_____ Phone # (Best to reach at)_____

I understand that engaging in any physical exercise, class, or activity or using the fitness equipment and/or facilities at the North Bellevue Community Center for any purpose may pose a serious risk to health or cause death. Therefore, prior to commencing such an exercise program or using the fitness equipment or facilities, I will read and complete the Par-Q Physical Activity Readiness Questionnaire. If the answer is "YES" to any question, I understand that it is strongly recommended that a physician be consulted to ensure that it is appropriate for me to engage in the physical activities for which I desire to participate. I understand that after starting to engage in physical activity, if I notice any changes in my physical condition that may indicate a health risk by continued physical activity, it is strongly recommended that a physician be consulted to ensure that it is appropriate to continue the physical exercise, class, or activity. I agree that if I engage in any physical activity or use the fitness equipment and/or facilities, I do so at my own risk. I assume all risk of injury, illness, damage or loss to me or my property that might result from my participation in physical exercise, classes, activities, or using the fitness equipment and/or facilities at the North Bellevue Community Center except as provided at the end of the paragraph below.

I hereby release and discharge and covenant not to sue the City of Bellevue, its agents, officers and employees, from and for any and all liability for all loss or damages, and any claims or demands therefore, on account of injury to my person or property, including death, arising from any physical exercise, class, or activity or using the fitness equipment and/or facilities at the North Bellevue Community Center; and I agree to indemnify and hold the City of Bellevue and its agents harmless from any loss, liability, damage, or cost, including reasonable attorney fees that may occur as a result of or due to my presence in or about the premises or resulting from my participation at or use of the equipment and/or facilities.

I have read, understand and agree to the Notice of Assumption of Risk - Waiver and Release.

Signature_____ Date_____