



Notice of Assumption of Risk - Waiver and Release
For Adult Participants at South 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 South 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 and have attended an orientation. If the answer is "YES" to any question in the Par-Q, 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 South Bellevue Community Center except as provided at the end of the paragraph below.

I, on behalf of myself, my heirs and executors, 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 South 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; except where such loss, liability, damage, or cost results from the sole negligence of the City of Bellevue, its agents or employees.

PHOTO/VIDEO RELEASE: I give my permission to have photos and/or video recordings taken of me or my child(ren) for publicity purposes during City of Bellevue activities even though we will not receive compensation of any kind for appearing in such photos or video recordings.

I have read, understood, and voluntarily accepted the conditions of the Waiver of Liability/Release and the Photo Release printed above:

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

Signature _____ Date _____