



Blomeyer Fitness Center Guest Pass
STATEMENT OF PHYSICAL CONDITION

1525 Clifton Road, 5th Floor
(Participant must show valid I.D.)

THIS IS AN IMPORTANT LEGAL DOCUMENT. READ IT CAREFULLY.

I STATE TO EMORY UNIVERSITY & HEALTH FITNESS CORP., THAT

- (1) I am in good health and good physical condition and I am capable of using equipment provided and taking part in the exercise and activities involved in the health promotion program at the Blomeyer Health Fitness Center at Emory University.
- (2) I know of no reason, condition, illness or disability which would prevent, restrict, limit, or hinder my full participation in the program. I acknowledge that this statement is provided to Emory University and Health Fitness Corporation, to allow me to participate in the exercise programs provided at the Blomeyer Health Fitness Center at Emory University, that the statements herein are true and accurate and that Emory University and Health Fitness may rely on said statements in allowing my participation in said program.

INFORMED CONSENT AND WAIVER OF LIABILITY

- (1) In consideration of being allowed to use the Blomeyer Health Fitness Center at Emory University exercise facility and to participate in program activities, I hereby release Emory University and Health Fitness Corporation and their directors, officers, employees, agents, successors and assigns from any and all claims, demands, actions, or causes of action whatsoever, and from any and all liability for any loss or property damage or personal injury of any kind, nature, or description, including death, that may arise or be sustained by me, during or related to my participation in the Blomeyer Health Fitness Center at Emory University health and fitness program. This release shall be binding upon my heirs, administrators, executors and assigns.
- (2) I represent that I have read and understood this Informed Consent and Release of Liability and acknowledge that this release is being relied on by the Blomeyer Health Fitness Center at Emory University and Health Fitness Corporation in permitting me to use the Blomeyer Health Fitness Center at Emory University. I understand that at any time I may review this Informed Consent and Release of Liability by requesting a copy from the fitness center staff.

Print Name Phone

X _____
Participant Signature Employee ID# Date

Witness Signature (STAFF) Date