



BERNALILLO COUNTY EMPLOYEE FITNESS CENTER AUTHORIZATION FORM

NAME:	DEPARTMENT:
ADDRESS:	WORK PHONE:
EMERGENCY CONTACT:	PHONE:

MEDICAL AUTHORIZATION

Cleared to participate: Without Restrictions With Restrictions (please fill out below)

Restriction(s): _____

 Physician's Signature

 Date

WAIVER OF LIABILITY

I hereby acknowledge that my participation in this fitness center is entirely voluntary on my part. Such participation is solely for my own pleasure and benefit.

In consideration of my acceptance as a participant, I, for myself, and for my successors and administrators, waive and release any and all claims and rights for damages, pain, and/or suffering I may suffer as a result of participation in this fitness center. I hereby agree to hold harmless the County of Bernalillo, its facility, or staff for any injury suffered as a result of participation in this fitness center. I attest and verify that I am physically able to take part in physical fitness activities.

I have read the above conditions and accept them as shown by my signature:

Employee Name (PRINT)

Employee Signature

Bernalillo County Representative

Date