



BERNALILLO COUNTY PARKS AND RECREATION

FITNESS CENTER AUTHORIZATION FORM

NAME: _____ DOB: _____ Home/Cell #: _____

ADDRESS: _____ Work Phone #: _____

EMERGENCY CONTACT: _____ PHONE: _____

MEDICAL AUTHORIZATION

CLEARED TO PARTICIPATE:

Without Restrictions

With Restrictions

Restrictions:

Signature of Physician: _____

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:

Name of Participant (Printed)

Participant Signature

Parent/Guardian Signature (If under 18 years old)

Date

Reviewed by Parks & Recreation Department: _____ Date: _____