

Trietsch Memorial UMC 2022 - Activity Waiver/Release

Please circle activity: **PICKLEBALL** **PICK-UP BASKETBALL** **DANCE2FIT** **BALLET FIT** **ZUMBA**
YOGA INFUSED **SENIOR YOGA** **TAI CHI GUNG** **STRENGTH&CONDITIONING** **STRETCH & FLEX**

Last Name: _____ First Name: _____

Address: _____

City _____ State _____ Zip: _____ **DOB:** ____/____/____

Email: _____ Phone: _____

Church you regularly attend: _____

Emergency Contact: Name _____ Phone: _____

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of your participation in any Trietsch Memorial United Methodist Church ("TMUMC") programs.

I desire to use the physical exercise facilities and services of Trietsch Memorial United Methodist Church. In connection with that desire, I make and attest to the truth of the following statements and undertakings:

Acknowledgment of Risk

I hereby acknowledge and agree that participation in TMUMC activities and programs comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with TMUMC activity/program participation, including but in no way limited to: (1) slips, trips, and falls, (2) athletic injuries, and (3) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with TMUMC activity/program participation and that said list in no way limits the operation of this Agreement.

I understand that I should consult my personal physician(s) concerning the risks of overtraining due to exercise and that Trietsch Memorial United Methodist Church does not provide medical advice, or medical insurance, to persons participating in its program.

I understand that it is important to discuss any physical limitations I have with the aerobics instructor, strength instructor, or staff involved in helping me meet my fitness goals. I understand that I must follow the instructor's guidelines to insure a safe level according to my physical limitations.

Coronavirus / COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in TMUMC activities/programs or accessing TMUMC facilities could increase the risk of contracting COVID-19.** TMUMC in no way warrants that COVID-19 infection will not occur through participation in TMUMC activities/programs or accessing TMUMC facilities.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of my participation in TMUMC activities/programs, I, the undersigned participant, agree to release and on behalf of myself, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE TMUMC its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against TMUMC on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of TMUMC facilities/equipment or participation in TMUMC activities/programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In consideration of my participation in TMUMC activities/programs I, the undersigned participant, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to my TMUMC activities/programs participation.

Signature: _____ **Date:** _____

(Signature of parent if under 18)