Fitness and Weight Facility Release and Waiver

I, __________________________________, Desire to voluntarily participate and use Kettering Health Network’s (“KHN”) fitness and weight facility (“Facility”) located at:

Check Applicable Location:
- _______ Kettering Medical Center
- _______ Sycamore Medical Center
- _______ Greene Memorial Hospital
- _______ Indu and Raj Soin Medical Center
- _______ Grandview Medical Center
- _______ Southview Medical Center

To the extent I deem advisable, I will consult a physician before engaging in any activity at the Facility. I understand that I am solely responsible for monitoring my own health, and that my use of the Facility is undertaken solely at my own risk. I acknowledge and agree that no warranties or representations have been made to me regarding my use of the Facility.

I acknowledge and agree for myself, my executors, administrators, heirs, next of kin, successors, and assigns, to:

1. Assume full responsibility for any injury or damage to my person or property which may occur, directly or indirectly, while on or about the Facility premises; and

2. Waive, release, and discharge from any and all liability Kettering Health Network, its board, agents, employees, and volunteers from all claims, demands, damages, or causes of action, present or future, whether known or unknow, resulting from or arising out of my being on or about the Facility premises; and

3. Indemnify and hold harmless Kettering Health Network, its board, agents, employees, and volunteers from any and all liabilities or claims made by other individuals or entities as a result of or relating to my participation in this activity; and

4. Defend KHN and pay its cost and expenses of preparation and attorneys’ fees as a result of any action brought against KHN, its board, agents, employees, or volunteers, for any of my acts or conduct while on or about the Facility premises; and

5. Agree that my use of the Facility will comply with and abide by the rules set forth in Exhibit A, attached hereto.

6. I am at least 18 years of age, and have read and understood all terms, rules, and the meaning of this Waiver.

IN WITNESS WHEREOF, I have freely signed this waiver on the date indicated:

Signature: __________________________________________

Participant’s Name: ___________________________________ Badge #: __________________________

Date: ________________________________________________

Emergency Contact
Name: ________________________________________________

Relation: _____________________________________________

Contact: _____________________________________________
EXHIBIT A
Fitness/Weight Room Rules

1. Facility is for use by members only; granting unauthorized access may result in loss of privileges.

2. All Kettering Health Network (“KHN”) employees and volunteers are required to complete a fitness orientation and sign this Waiver.

3. Follow the safety guidelines posted on the equipment.

4. There is a 20 minute limit on all cardiovascular equipment (including bicycles and treadmills), when others are waiting.

5. Proper attire must be worn while in the fitness room. Non-athletic shoes are no permitted

6. No food or beverages, with the exception of water, is permitted in the Facility.

7. Wipe down all exercise equipment after use with the provided antibacterial wipes.