



Fitness Center Waiver Form

Employee Name: _____

Contact #: _____ Work #: _____

Physician's Name: _____ Phone #: _____

Emergency Contact:

Name: _____ Phone: _____

I assume all responsibility for all risk, damage, or injury that may occur to me while using the Tulalip Tribes Administration Building Fitness Center or participating in an aerobics or fitness class, including damage or injury to me while under the direction of any Tulalip Tribes employee or volunteer. In consideration of being accepted for such training or instruction, I hereby release and discharge Tulalip Tribes and its employees and/or volunteers from claims, demands, damages, rights or causes of action, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of, or incident to, my fitness, body-building, or exercise training, or my use of any facilities and equipment in the Fitness Center.

A physician's approval will be secured by me if there are any known or unknown medical or physical conditions that make it dangerous or unwise for me to use fitness equipment or participate in aerobic exercise.

I have read and understand and sign this agreement and release,
on this _____ day of _____, 20____.

Employee Signature: