

*NAME: _____ *DATE OF BIRTH: _____

*ADDRESS: _____

* CITY _____ *STATE _____ *ZIP: _____

*PHONE #: _____ *EMAIL: _____

*EMERGENCY CONTACT: _____ *PHONE #: _____

What interested you in our facility? _____

What is your health and fitness goals? _____

How did you hear about us? _____

I understand and acknowledge that any exercise that I undertake may create physical stress and subsequent harmful effects. I agree that it is solely my responsibility and not the responsibility of the Duke Center for Living nor Galloway Ridge Inc. to require me to consult with my physician prior to commencing any exercise program, to remain under medical supervision if that is indicated, and to seek medical assistance in the event of an injury.

I understand and acknowledge that the use of the equipment entails some risk of accidental injury or possibly death to myself and to others. I expressly agree to indemnify and hold harmless the Duke Center for Living and Galloway Ridge Inc. against any and all claims, demands, damages, rights of action, or causes of action, of any person or entity, that may arise from injuries or damages sustained by me. I agree to comply with all rules imposed by the Duke Center for Living and Galloway Ridge Inc. regarding the use of the facilities and equipment.

I agree to conduct myself in a controlled and reasonable manner at all times, and to refrain from using any equipment in a manner inconsistent with its intended design and purpose. I understand and agree that neither the Duke Center for Living nor Galloway Ridge Inc. is responsible for property that is lost, stolen, or damaged while in, on, or about the premises.

I have read the foregoing waiver and release of liability and voluntarily executed this document with full knowledge of its content.

Signature _____

Date _____