

Guest/Support Agreement and Release of Liability

Name: (Last) _____ (First) _____ (AGE) _____

Person you are supporting/visiting: _____ Arrival Date? _____ Length of stay? _____

Home Address _____ City _____ State _____ Zip _____

Home Phone # _____ Local/Cell # _____ I have never been a DFC Participant

1. **Our guest policy allows up to 3 days per week at a fee of \$15 per day. Nametags are given which will indicate the three days you select to exercise. Support clients may use the gym/pool daily. Nametags must be shown to the red shirt/lifeguard when entering the gym/pool. All exercise classes are included except for the DEEP WATER AEROBICS due to overcrowding.**
2. **Guests/Support clients who have cardiovascular symptoms or other medical conditions where exercise is contraindicated, ARE NOT AUTHORIZED TO USE the DFC fitness facilities.**
3. **All guests/support clients must receive a guest badge prior to exercise. A Guest badge must be worn at all times while using the DFC facilities.**
4. **All guests/support clients must conduct him/herself in an appropriate manner while on DFC campus. We maintain the right to deny participation to any guest who acts in an inappropriate manner in the facility.**

Before signing the waiver below you must fill out the pre-participation questionnaire on the following page. This form will be reviewed by the fitness and/or medical manager. Individuals at increased risk for adverse events during exercise will be required to have an Exercise Tolerance Test within the last 12 months which has been interpreted as normal as a condition for using the exercise facilities at the Duke Diet and Fitness Center.

I do hereby declare myself to be physically sound and suffering from no conditions, impairment, disease, infirmity, of other illness that would prevent my participation in any of the activities and programs at Duke Diet & Fitness Center or use of equipment-or machinery except as hereinafter stated. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in activity and/or use equipment and machinery without the approval of my physician. In either case, **I do hereby assume all responsibility for my participation and activities**, and utilization of equipment and machinery in my activities. **(Please initial _____)**

I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment with knowledge of the dangers involved. **I hereby agree to expressly assume and accept any and all risks of injury or death.** I understand that the Duke Diet & Fitness Center staff will not provide any instruction or guidelines for use of equipment or machinery or my exercise program and that **I am familiar with and have experience using the following equipment:**

Treadmill	YES	NO	Stairmaster	YES	NO	Rowing Machine	YES	NO
Elliptical	YES	NO	Schwinn Bike	YES	NO	Weight Machines	YES	NO
Pool Exercise	YES	NO	Recumbent Bike	YES	NO	Free Weights	YES	NO

(Please initial _____)

In consideration of being allowed to participate in the activities and programs of the Duke Diet & Fitness Center and to use its facilities, I do hereby waive, release and forever discharge and hold harmless Duke Diet & Fitness Center and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting in any activities at said facility. I do also hereby release all of those mention and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of Diet & Fitness Center. **(Please initial _____)**

Signature _____ **Date** _____
Witness _____