



The Klamath Tribes Community Fitness Center

Participant Waiver and Release of Liability

I, _____, acknowledge and agree that my participation at The Klamath Tribes Community Fitness Center is voluntary and is not required.

Assumption of Risk. I agree that my voluntary participation at The Klamath Tribes Community Fitness Center, whether I take part in activities on or off The Klamath Tribes premises, is at my own risk. I understand that taking part in any exercise or fitness activity comes with an inherent risk of injury, damage and even death. I knowingly and expressly waive my right to file a lawsuit or bring any legal action against The Klamath Tribes, their officers, officials, employees, agents or representatives for any injury or loss resulting from my participation at The Klamath Tribes Community Fitness Center. I knowingly and expressly agree to release, hold harmless and indemnify The Klamath Tribes, their officials, employees, agents or representatives from any claim or lawsuit for personal injury, damage, wrongful death, brought by me, my family, estate, heirs or assigns, arising out of my participation at The Klamath Tribes Community Fitness Center. This agreement to release and hold harmless includes claims arising out of my participation in The Klamath Tribes Community Fitness Center activities and after I complete The Klamath Tribes Community Fitness Center activities.

Personal Responsibility. I understand that I should consult a physician before I engage in physical exercise or other fitness activity.

Should any provision set forth in the Participant Waiver and Release of Liability, or its application to any person or circumstance be found to be legally invalid or unenforceable for any reason whatsoever by a court of competent jurisdiction, the full remainder of such provision and all remaining provisions will remain in full force and effect.

This Participant Waiver and Release of Liability is binding on me, my children, my heirs, personal representatives and anyone else entitled to act on my behalf.

I understand and agree to the terms of this Participant Waiver and Release of Liability.

Participant Print Name

Participant Signature

Date

Signature of Parent/ Guardian if under 18

Date



The Klamath Tribes Community Fitness Center

Participant Information

The Information enclosed on this form is going to be used to better assist our community and to collect participant contact information. The non-required fields are optional.

Participant Info

* Required Fields

Name*

Address

City/State/Zip

Phone*

Email

Enrolled Member/ descendant of federally recognized Tribe?

Yes, please specify: _____

No

Employee of The Klamath Tribes?

Yes, Tribal Entity: _____

No

Emergency Contact Info

* Required Fields

Name*

Relationship

Phone*

The Information shared on this form is confidential and will not be reproduced or disclosed outside of The Klamath Tribes without written consent from the named participant or parent/ guardian on this form.