

# Immanuel Lutheran Church

## Fitness Center

**I have reviewed the general rules for use of the fitness center and will abide by them at all times.** (initial)

---

**I agree that as a participant in the fitness center at Immanuel Lutheran Church I am responsible for my own behavior and well-being. I accept this condition of participation, and I acknowledge that I have been informed of the general nature of the risks involved in this activity, including, but not limited to personnel injury up to and including death or loss of personal property.**

**I understand that in the event of accident or injury, personal judgment may be required by Immanuel Lutheran personnel regarding what actions should be taken on my behalf. Nevertheless, I acknowledge that the church personnel may not legally owe me a duty to take any action on my behalf, I also understand that it is my responsibility to secure personal health insurance in advance, if desired, and to take into account my personal health and physical condition. Immanuel Lutheran Church will not pay any bills that result from use of the fitness center.**

**In consideration of my entry and of my own free will, I do hereby for myself, my heirs, executors and administrators, waive, release, and give up any and all claims, demands, liability, damages, costs and expenses of any kind whatsoever (including personal injury to me or my wrongful death) I understand that use of the fitness center is at my own risk.**

**I understand this consent form and am not under any physical or emotional duress to sign.**

---

**Participant**

---

**Witness**

# Immanuel Lutheran Fitness Center

## Physician Release Form

\_\_\_\_\_ **Has requested to use the fitness center at Immanuel Lutheran Church, Salina, KS. Use of our Fitness Center requires a physician release for ALL participants.**

**The above named person is approved to participate in all activities to include, Pulleys, Nordic Trac, Treadmill, Recumbent bike, steps, free weights, upper body bicycle, Body Blades and Therabands.**

\_\_\_\_\_  
**Physician Signature**

\_\_\_\_\_ **is approved to use the fitness center but the following activities are not approved by me:**

---

---

---

\_\_\_\_\_  
**Physician Signature**