Port St. Lucie
Civic Center
Where the Research Coast Meets
9221 S.E. Civic Center Place, Port St. Lucie, FL 34952
(772) 807-4488

"A City for All Ages"

FITNESS CENTER AND LIFETIME FITNESS CLASS
PERMISSION, RELEASE OF LIABILITY AND MEDICAL RELEASE FORM

_____

(Print Name)

I hereby expressly consent to my use of the fitness center and/or participate in a fitness class. I acknowledge that such participation will necessarily involve participation in exercises that may be physically demanding and will subject the participant to stress, anxiety and possible hazards.

I understand that the activity involves inherent other risks of INJURY. I voluntarily agree to expressly assume all such risks which may result from the activity or in any way related to my participation in the activity.

In consideration of the right to participate in the activity, I hereby release from any legal liability City of Port St. Lucie, and its trustees, employees, faculty, staff, agents, instructors and all individuals assisting with the activity for injury or death caused by or resulting from my participation in the activity or in any way connected with my participation in the activity, whether such injury or death was caused by the alleged negligence of the City of Port St. Lucie, another participant, or any other person or cause. This agreement will apply for each and every day I engage in the activity without requiring me to sign an additional form for each day or activity.

I further agree to defend and indemnify the City of Port St. Lucie for loss or damage, including any that result from claims or lawsuits for personal injury, death, or personal property damage, relating to the activity or use of the City of Port St. Lucie facilities or equipment.

I represent that I am in satisfactory physical condition to participate in the activity. I authorize any person connected with the activity or the City of Port St. Lucie to administer first aid to me, as they deem necessary. I authorize medical and surgical care and transportation to a medical facility or hospital for treatment necessary for my well being, at my expense.

This agreement is governed by the laws of the State of Florida, and exclusive jurisdiction shall be in the Circuit Court of St. Lucie County, Florida. If any part of the agreement is determined to be unenforceable, all other parts shall be given full force and effect. The undersigned, (individual, parent or guardian) acknowledges that she/he is signing this agreement on behalf of (themselves, or a minor) and that the (individual or minor) shall be bound by the terms of the agreement. This agreement shall be binding on the participant's assignees, subrogors, heirs, next of kin, executors and personal representatives.

I HAVE READ AND UNDERSTOOD THIS RELEASE OF LIABILITY AGREEMENT.
I VOLUNTARILY AGREE TO ITS TERMS.

_____

Signature of Participant Date of Birth Date

_____

Signature of Parent/Legal Guardian (If Participant is under 18) Date

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In the Event of an Emergency, Please Contact Phone Number