

# Claremore Super Recreation Center

## City of Claremore

YOU SHOULD CHECK WITH YOUR PERSONAL PHYSICIAN BEFORE STARTING ANY EXERCISE PROGRAM OR PHYSICAL ACTIVITY.

### RELEASE OF LIABILITY

Participation in any type of exercise (walking, running, swimming, basketball, tennis, aerobics, etc.) can sometimes result in minor, or even serious injuries, such as sprains, strains, broken bones, heart attack, or in rare cases, even death. During any participation in the programs of the Claremore Super Recreation Center, I will make every attempt to exercise in a manner that is safe and consistent with the policies of this facility. I understand and accept the responsibility and liability of any accidents or injuries that I incur. The staff of the Claremore Super Recreation Center, the City of Claremore, and the American Arthritis Foundation are not liable for any injuries as a result of my participation in the programs of the Claremore Super Recreation Center.

I understand that the personal trainers who train clients in the Personal Training Program are not employees of the City of Claremore or the Claremore Recreation Center and that the City of Claremore and the Claremore Recreation Center and it's employees are not liable for any risks, known and unknown, and I accept responsibility for any injury, permanent disability, or death that may result from participating in this program.

I understand that I must follow all the rules of the Claremore Super Recreation Center. If I do not, I may lose my membership and forfeit fees paid to the Claremore Super Recreation Center. Decisions regarding loss of membership will be made by the Claremore Super Recreation Center management only.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
City                      State              Zip

\_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
Age                      Date of Birth

\_\_\_\_\_  
Emergency Contact #

\_\_\_\_\_  
Parental Signature (if participant is under 18)

\_\_\_\_\_  
CSRC Staff

\_\_\_\_\_  
Date

I.D. Checked ? \_\_\_\_\_ Type \_\_\_\_\_ Expiration Date \_\_\_\_\_

Parent Present(if under 18) \_\_\_\_\_ **16-21 Picture ID Required**

CSRC Staff:    **WR   RB   SR T/G   AER. MNTH   AER. DAILY   T/G MNTH   SWIM TEAM   RSU**