

**CUTTING CREW FITNESS CENTER
WAIVER OF LIABILITY CONTRACT**

I _____ do agree to use all equipment in this facility as directed. I agree to ask questions at any time if I am unsure about any equipment. I recognize that I am working out at my own risk and agree to hold no one but myself liable for any possible injury incurred in this facility. I agree that it is my responsibility to exercise within my own boundaries, determined by my physician and myself and to be aware of those boundaries at all times. I am over the age of 18 and in good health with no physical limitations prohibiting me to exercise. I further more agree to stop exercising and seek medical attention if I have any of the following symptoms:

-pain or tightness in my chest or irregular heartbeat, or
-experiencing shortness of breath or feel faint, or
-feel dizzy or nauseated, or
-feel pain or discomfort anywhere on my body.

1. No one but paid members of this facility may be inside work out area. (No not even your buddies to chat, you must step outside of the gym with them.) Out of town guests are welcome but must pay a daily fee in advance and sign a visitor waiver of liability.
2. No Street shoes are allowed inside facility or on machines; change into gym shoes after getting in the door. Street shoes are not allowed in the bathroom either.
3. No boom boxes or other music players. Personal listening devices only. (headphones)
4. Do not share code with anyone !!! EVER!

By signing this form I acknowledge and agree to all terms outlined in this document.

member signature date

staff signature date