

BAYLORWORX REHABILITATION & FITNESS CENTER

Agreement and Release of Liability

In consideration of gaining membership, using the facilities as guest visitors, or being allowed to participate or assist another in the activities and programs of BaylorWorx, a service of Baylor Medical Center at Waxahachie, and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby **waive, release, and forever discharge** Baylorworx, Baylor Medical Center at Waxahachie, and Baylor Health Care System, and its officers, agents, employees, representatives, directors, trustees, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in activities or my use of equipment or machinery in the above mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all those mentioned and any others acting upon their behalf from a responsibility or **those mentioned or others acting on their behalf** or in any way out of or connected with my participation in any activities or BaylorWorx or the use of any equipment at BaylorWorx. (PLEASE INITIAL : _____)

I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment are a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death and that I am **voluntarily participating or assisting others** in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept all risks of injury or death. (PLEASE INITIAL : _____)

I hereby declare myself to be physically sound suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities and programs of BaylorWorx or use of any equipment or machinery. I do hereby acknowledge that **I have been informed** of the need of a physicians' approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that **I have been recommended** that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and the use of exercise and training equipment so that I might have recommendations concerning those fitness activities and equipment use. (PLEASE INITIAL : _____)

Registration Information

♥Name: _____ ♥Preferred Name: _____
First Last M.I

♥Address: _____ ♥City: _____ ♥St: _____ ♥Zip: _____

♥E-Mail: _____ ♥Home or Cell # _____

♥Work Phone: _____ ♥Employer: _____

♥Emergency Phone: _____ ♥Emergency Contact: _____

♥Gender: (circle) M or F ♥D.O.B: _____ ♥Physician's Name _____

MEMBERSHIP TYPE: Baylor Red ___ Baylor Green ___ Baylor White ___ ♥17 yrs old Parent/Guardian Signature

Baylor Blue ___ Baylor Blue Plus ___ Baylor Aqua _____ Post - Rehab _____

____ Please Check if an **active** Baylor Auxiliary

1. _____ ♥DATE: _____ 2. _____
♥Signature ♥Parent/Guardian Signature

Signature is required for all clients under the age of 18