

Trietsch Memorial United Methodist Church Activity Waiver -2019-

Please circle activity: ZUMBA HOLY YOGA SENIOR YOGA TAI CHI GUNG
STRENGTH&CONDITIONING PICK-UP BASKETBALL PICKLEBALL DANCE2FIT

Last Name: _____ First Name: _____

Address: _____

City _____ State _____ Zip: _____ **DOB:** ____/____/____

Email: _____ Phone: _____

Church you regularly attend: _____

Emergency Contact: Name _____ Phone: _____

Please note that physical activity is recognized by the medical profession as being a significant coronary heart disease risk factor. Although overwhelming evidence points to the need for all persons to attain and maintain an adequate fitness level, the first step to increasing your degree of fitness is to consult with your physician before significantly raising your amount of physical activity.

As a participant in a recreation program at Trietsch United Methodist Church you must read and sign the following:

I desire to use the physical exercise facilities and services of Trietsch Memorial United Methodist Church. In connection with that desire, I make and attest to the truth of the following statements and undertakings:

1. I am in good physical health and able to tolerate, to the best of my knowledge, the physical strain which results from exercise, without injuring me. I understand that the physical exercise and activity which I may take or participate in with Trietsch Memorial United Methodist Church could injure us slightly, seriously, or fatally.
2. I understand that I should consult my personal physician(s) concerning the risks of overtraining due to exercise and that Trietsch Memorial United Methodist Church does not provide medical advice, or medical insurance, to persons participating in its program.
3. I understand that it is important to discuss any physical limitations I have with the aerobics instructor, strength instructor, or staff involved in helping me meet my fitness goals. I understand that I must follow the instructor's guidelines to insure a safe level according to my physical limitations.
5. I agree to abide by all Trietsch Memorial United Methodist Church facility or event rules. Therefore, I hereby for myself and my family, my heirs, executors and administrators, waive and release all rights and claims for damages I may have against Trietsch Memorial United Methodist Church. I also further agree to defend indemnity and hold harmless Trietsch Memorial United Methodist Church, its employee(s), agent(s), representative(s) and volunteer(s) and assigns for any and all injuries suffered through participation in the programs and activities sponsored by Trietsch Memorial United Methodist Church. Additionally, since risk of injury or death is inherent to any form of physical activity, I am advised to consult with our physician(s) prior to beginning participation in any program(s).

Signature: _____ **Date:** _____
(Signature of parent if under 18)