

KRONENWETTER MUNICIPAL FITNESS CENTER

I _____ (print name) agree that I will be using the exercise equipment in the Kronenwetter Municipal Fitness Center and take full responsibility for any injury or the result of any jury during the use of the fitness equipment.

In the event that any injury occurs during the use of the fitness equipment, I assume financial responsibility for all emergency medical/dental services rendered. I furthermore release The Village of Kronenwetter from any liability in the event of injury while using the fitness room. I have carefully read this release and fully understand its contents.

This authorization remains in effect until written notice of withdrawal is filed in the Village Clerk or the Finance Director/Treasurer.

Authorization and Waiver of Liability

Signature _____ Date _____

Village Staff Signature _____ Date _____