

Exercise Sign-In / Waiver

Gaston County Fitness & Nutrition Council

Gaston on the Move

I, _____, voluntarily choose to participate in *Gaston on the Move*, a program sponsored by Gaston County Fitness & Nutrition Council. I have been informed and understand that *Gaston on the Move* is designed to place a gradually increasing workload on my muscles and cardiopulmonary (heart and blood vessels) system in an attempt to improve their functioning. The exercises may exceed my physical ability and I am cautioned not to overwork my body and to do only the movements which I am physically capable of executing. I have been advised that I must be in good health to participate in this program and that before starting any exercise program, I should consult with a physician. If, at any time during my participation in *Gaston on the Move*, I experience any form of chest pain, pain in the extremities, discomfort, dizziness, fainting, or other similar symptoms, I will discontinue participation in the program and consult a physician.

I am fully aware, understand, and accept the risks involved, which I have had explained to me, in participating in the *Gaston on the Move*. Upon registration in this program, I do hereby RELEASE for myself, my heirs, my executors and administrators, and WAIVE any and all rights to claims for damages arising from any illness, injury or occurrence or aggravation thereof as a result of participation or connection with said Gaston County Fitness & Nutrition Council classes, thereby release and hold harmless the Gaston County Fitness & Nutrition Council, the sponsors of and suppliers to *Gaston on the Move*, and their respective directors, officers, employers, agents, successors, volunteers, and expenses arising from my participation in *Gaston on the Move*. This release also applies to ordinary negligence of either party, including negligence related to the condition or maintenance of the property over which the program will occur and any other negligence expressed or implied in law, statute, regulation, or public policy.

I have read and understand the foregoing statements. Any questions which have arisen or occurred to me have been answered to my satisfaction. None of the answers provided to me orally have been in any manner inconsistent with the information provided in this statement.

Please Sign Below

X _____

Witness

Date: _____

Address: _____

City: _____

Please Print Below

X _____

Witness

Phone: _____

State: _____ Zip: _____

Do you have diabetes? Yes or No

Thank you.

Participants under the age of 18 must be accompanied by a parent or guardian or have this consent countersigned and on file with Gaston County Fitness & Nutrition Council. Pregnant women should have a letter from their physician on file with Gaston County Fitness & Nutrition Council before participating in this program. Participants over the age of 40 should obtain a doctor's release.