



**HIDDEN VALLEY LAKE FITNESS CENTER  
WAIVER OF MEDICAL RELEASE /CONSULTATION**

I have read, understood, and signed the Waiver and Release for the Hidden Valley Lake Fitness Center. I understand and acknowledge that there are risks associated with participating in an exercise program, using exercise equipment and facilities, and participating in Hidden Valley Lake Fitness Center activities.

I have requested to begin my membership at the Hidden Valley Fitness Center without obtaining documented physician approval and consultation.

- I understand that it is generally recommended that all adults consult with a physician before starting a physical activity.
- I further understand that based on my health history information noted on the HVL Health history (can be requested from the HVL Recreation manager) The HVL Fitness Center Staff may recommended that I consult with and obtain recommendations from a physician before engaging in any exercise activity.
- I understand that at any time I may obtain a Medical Release Form (can be requested from HVL Recreation Manager) on which my physician's recommendations can be documented. If I do so I will submit the Medical Release form to the HVL Recreation Manager before using the facility, group classes, special programs or personal training.

I acknowledge that I choose not to follow the recommendations for Medical Release and Health History. I assume full and entire responsibility for this decision and for any injury, loss of adverse health consequences as a result of the use of the HVL Fitness Center.

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Members Signature \_\_\_\_\_ Date \_\_\_\_\_

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Print Name \_\_\_\_\_ Date \_\_\_\_\_

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Guardian Signature if under 18 \_\_\_\_\_ Date \_\_\_\_\_

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Witness/ HVL Staff \_\_\_\_\_ Date \_\_\_\_\_