



# LYNN YMCA

## Release and Waiver of Liability and Indemnity Agreement

In consideration of being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of the facilities or equipment, or any participation in any off-site program affiliated with the YMCA, the undersigned for him/her self and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has or immediately upon entering or participating will, inspect and carefully consider such premises and facilities of the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and responsibly suited for the purpose of such observation, use or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF THE FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss, damage and any claim or demands thereof on account of injury to the person or property or resulting in death of the undersigned, whether caused by negligence of the releases or otherwise while the undersigned is in, upon or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.

2. THE UNDERSIGNED HEREBY AGREES TO IDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability damage or costs that may incur due to the presence of the undersigned in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by negligence of the releases or otherwise.

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to the negligence of the releasee or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon participating in any affiliated YMCA.

4. THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER, AND INDEMNITY AGREEMENT IS INTENDED TO BE AS BROAD AND INCLUSIVE AS PERMITTED BY THE LAW OF THE STATE OF Massachusetts and that any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

5. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement has been made.

I HAVE READ THIS RELEASE

Signature of Member: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Additional Member: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**LYNN YMCA**  
**HEALTH ASSESMENT QUESTIONNAIRE**

NAME \_\_\_\_\_ AGE \_\_\_\_\_

WHICH ACTIVITIES WILL YOU PARTICIPATE IN: ( ) Fitness Center ( ) Group Exercise Classes

( ) Swimming ( ) Water Fitness Classes ( ) Personal Fitness

( ) Other: \_\_\_\_\_

**HEALTH HISTORY**

It is strongly suggested that those participants with high blood pressure, heart problems, recent surgery, or if you are over 55 years of age to get your physicians clearance before using the fitness center and other exercise area and/or programs.

Do you have any cardiovascular conditions, such as coronary disease, angina or chest pain, irregular heartbeats, heart valve problems, heart murmur, stroke phlebitis, ect.?

( ) YES ( ) NO

Are you currently being treated for high blood pressure?

( ) YES ( ) NO

Do you have chronic lung disease?

( ) YES ( ) NO

Do you have any metabolic or glandular disorder such as diabetes or thyroid condition?

( ) YES ( ) NO

Have you ever experienced seizures, convulsions, black outs, or fainting spells?

( ) YES ( ) NO

Have you been hospitalized during the past year?

( ) YES ( ) NO

Do you have bone or joint problems?

( ) YES ( ) NO

Do you have any health conditions not mentioned above, for which a physician has recommended some restrictions in physical activity?

( ) YES ( ) NO

What was the date of your last complete physical? \_\_\_\_\_

Are you currently pregnant? (Women only)

( ) YES ( ) NO

Do you consider yourself in good health?

( ) YES ( ) NO

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Participant Signature \_\_\_\_\_

Date \_\_\_\_\_