



CLEVELAND COUNTY

WELLNESS CENTER RELEASE AND HOLD HARMLESS AGREEMENT

122 East Eufaula Street • Norman, Oklahoma 73069

In consideration of my use of the exercise equipment and facilities provided by Cleveland County, I expressly agree and contract, on behalf of myself, my heirs, agents, executors, administrators, successors and assigns, that the Cleveland County and its insurers, associates, shall not be liable for any damages arising from personal injuries (including death) sustained by me, or my family member(s) in, on, or about the premises, or as a result of the use of the equipment or facilities, regardless of whether such injuries result, in whole or in part, from the negligence of Cleveland County. By the execution of this agreement, I accept and assume full responsibility for any and all injuries, damages (both economic and non-economic), and losses of any type, which may occur to me or my family member(s), and I hereby fully and forever release and discharge Cleveland County, its agents, and associates, from any and all claims, demands, damages, rights of action, or causes of action, present or future, whether the same be known or unknown, anticipated, or unanticipated, resulting from or arising out the use of said equipment and facilities.

I expressly agree to indemnify and hold the company harmless against any and all claims, demands, damages, rights of action, or causes of action, of any person or entity, that may arise from injuries or damages sustained by myself.

I agree to be solely responsible for safety and well-being of myself. I understand that Cleveland County does not provide supervision, instruction, or assistance for the use of the facilities and equipment.

I agree to comply with all rules imposed by the Cleveland County regarding the use of the facilities and equipment. I agree to conduct myself in a controlled and reasonable manner at all times, and to refrain from using any equipment in a manner inconsistent with its intended design and purpose.

I understand and acknowledge that the use of exercise equipment involves risk of serious injury, including permanent disability and death.

I understand and agree that the Cleveland County is not responsible for property that is lost, stolen, or damaged while in, on, or about the premises.

I understand that my use of the facilities and equipment is not within the course or scope of my employment unless expressly authorized by my employer.

I HAVE READ THE FOREGOING WAIVER AND RELEASE OF LIABILITY AND VOLUNTARILY EXECUTED THIS DOCUMENT WITH FULL KNOWLEDGE OF ITS CONTENT.

Date: _____

Signature: _____

Print Name: _____



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ENROLLMENT FORM

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Member(s) Information:

Employee Name: _____ Age _____

County Agency: _____

Gender: **M/F (Circle)**

Waiver Signed: **Y/N (Circle)**

If "No" a "Hold Harmless Agreement" must be signed before you can use the facilities.

Phone #: _____

Cell #: _____

Email address: _____

Household Family Member Name: _____ Age _____

Household Family Member Name: _____ Age _____

Household Family Member Name: _____ Age _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Daytime Phone: _____ Evening Phone: _____

This facility is for use by Cleveland County Employees and their **immediate household family members**. All participants must be at least 14 years old. Anyone using the facilities must be accompanied by a Cleveland County employee during the use. By signing this I am acknowledging that I am medically able to exercise and have no issues or orders restricting my activity. If medical questions or concerns arise I will get a clearance from a Doctor before beginning or continuing physical exercise.

EMPLOYEE SIGNATURE: _____

PRINTED NAME: _____

DATE: _____