

Marshville Town Hall  
201 West Main Street  
Marshville, NC 28103



(P) 704.624.2515  
(F) 704.624.0175  
www.marshville.org

## Release of Liability & Waiver Form

*All participants in Town activities must voluntarily sign a standard release form provided before using facilities and participation in programs.*

As a participant of a program involving physical activity sponsored by the Town of Marshville, I understand that there are certain risks involved in any physical activity.

I understand that exercise, training, and using fitness equipment are potentially hazardous activities. I further understand that these activities involve risks of injury, aggravation of preexisting conditions, and in the most severe and extreme situations, even death. Furthermore, I acknowledge that exercise on the body cannot be predicted with complete accuracy and that changes may occur during or following exercise that could lead to these complications and adversely affect my health. I am also advised that a comprehensive medical examination is recommended before using the facility and its equipment and that a consultation with a physician is also essential to determine which physical activities, exercises, training and programs are recommended by my doctor. I have voluntarily decided to assume all responsibility and liability for using the facilities, equipment, machinery, and participation in all programs offered by the Town of Marshville.

Moreover, in consideration of use of facilities, equipment, machinery and programs, I personally assume all risks involved in all exercises, training, activities and programs operated by the Town of Marshville. I also waive and release, now and forever, all claims and causes of action against the Town of Marshville, its elected or appointed officers, agents, volunteers, employees, representatives, consultants, executors, and all others directly or indirectly connected with the Town of Marshville from any personal injury I sustain, including death; any medical condition which results in any aggravation of a pre-existing medical condition; and any and all damages that I sustain in any way from the direct or indirect result of my activities, exercise, training and participation in Town of Marshville activities. I further hold the Town of Marshville harmless from any loss to personal property which is lost, stolen or damaged while I use, or am present at Town of Marshville facilities. *I agree to abide by the rules of use for the Town of Marshville facilities.*

I also understand that all payments for any sessions must be made at Town Hall prior to use of facilities and participation in programs.

**If you are currently under a physician's care for an injury, condition or illness, the Town of Marshville strongly urges you to consult your physician before conducting any exercises, using any equipment, or participating in any program administered by the Town of Marshville.**

Signature: \_\_\_\_\_  
Printed \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Number: \_\_\_\_\_  
Date: \_\_\_\_\_

<b>For Office Use Only</b>
_____ Initials
_____ Date Received