



**GUEST WAIVER**

Name: \_\_\_\_\_ Phone # (H): \_\_\_\_\_ (w): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ PC: \_\_\_\_\_

Introduced by (print name of Northfield member): \_\_\_\_\_

For most people physical activity should not pose any problem or hazard. The following questions have been designed to identify those whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable to them.

Carefully read the following questions & check the correct answer

	YES	NO
1. Has your doctor ever said you have heart trouble?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you frequently have pains in your heart & chest?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you often feel faint or have spells of severe dizziness?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has a doctor said your blood pressure is too high?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you over 65 & not accustomed to vigorous exercise?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered yes to one or more of the above questions, you may be required to provide a doctor's certificate before using any of the sport or exercise facilities at the club.

**ASSUMPTION OF RISKS WAIVER  
AND RELEASE OF CLAIMS INDEMNITY AGREEMENT**

BY SIGNING THIS DOCUMENT YOU WILL WAIVE LEGAL RIGHTS INCLUDING THE RIGHT TO SUE

PLEASE READ CAREFULLY

I \_\_\_\_\_ (name) am aware that the programs and activities offered by Northfield Racquet Club in which I choose to participate involve many **RISKS AND DANGERS**. I understand that known and unknown risks and dangers associated with my participation in these programs and activities may result in personal injury, death, property damage or loss. I understand as well that personal injury, death, property damage or loss may be caused or contributed to by the NEGLIGENCE OR CARELESSNESS of others.

In consideration of Marsland Centre Limited c.o.b. as Northfield Racquet Club (the "Club") allowing my participation in the programs and activities offered by the Club I agree, on behalf of myself, my heirs, assigns, personal representatives and my family, that:

- I ASSUME AND ACCEPT, WITHOUT LIMITATION ALL RISKS AND DANGERS** associated with my participation in the programs and activities offered by the Club.

2. **I ASSUME FULL RESPONSIBILITY** for understanding and following the rules and safe practices associated with the programs and activities offered by the Club and for my personal safety.
3. **I WAIVE ANY AND ALL CLAIMS** against the Club and its officers, directors, employees, agents and representatives (collectively referred to below as the "Related Parties") arising from or connected directly or indirectly, with my presence at or participation in the programs and activities offered by the Club.
4. **I RELEASE** the Club from any and all liability for any loss, damage, injury or expense that I, or my family, may suffer or incur by reason of my presence at, or participation in, the programs and activities offered by the Club, due to any cause whatsoever, **INCLUDING NEGLIGENCE ON THE PART OF THE CLUB, THE RELATED PARTIES, OR OTHER MEMBERS, OR ANYONE ELSE.**
5. **I WILL INDEMNIFY AND HOLD HARMLESS** the Club from any and all liability for loss, damage, injury or expense suffered or incurred by me or anyone else in connection with my presence at, or participation in any program or activity offered by the Club.

I HAVE READ THIS DOCUMENT THOROUGHLY.

I UNDERSTAND THAT, BY SIGNING THIS DOCUMENT, I GIVE UP IMPORTANT LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

I UNDERSTAND THAT THE CLUB IS RELYING ON MY FULL RELEASE AND WAIVER OF ALL CLAIMS WHEN ACCEPTING MY PARTICIPATION IN ANY AND ALL PROGRAMS AND ACTIVITIES OFFERED BY THE CLUB.

I agree to abide by the operating policy of the Northfield Racquet Club while participating in any programs or activities offered by the Northfield Racquet Club.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

**IF MEMBER IS UNDER 18 YEARS OF AGE**

I, the undersigned Parent/ Guardian of the above mentioned individual, do hereby consent to his/her participation in the programs and activities offered by the Club. I acknowledge both the individual and I are aware that the programs and activities offered by the Club involve many RISKS AND DANGERS. I understand that known and unknown risks and dangers associated with the individual's participation in the programs and activities offered by the Club may result in personal injury, death, property damage or loss. I understand as well that personal injury, death, property damage or loss may be caused or contributed to by the NEGLIGENCE AND CARELESSNESS of others.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_

Please print name