

## ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

### USAF Academy (USAFA) Satellite Fitness Center (Bldg. 8119)

1. I, \_\_\_\_\_, hereby assume all risks for using USAFA Satellite Fitness Center. Including by way of example, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

2. I certify that I am physically fit and have not been advised **to not** participate in any form of exercise by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my active participation in a rigorous workout.

3. I certify that I am at least eighteen (18) years of age and that I will not escort anyone who is under 18 years of age into the facility.

4. I acknowledge that this Accident Waiver and Release of Liability Form will be used by members of the 10th Air Base Wing (10 ABW), Fitness Center employees, civilian and military, who are responsible for the facility and equipment I will use.

5. In consideration of my application and permitting me to participate, I hereby take action for myself, my executors, administrators, heirs, next of kin, and successors.

a. I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this facility THE FOLLOWING ENTITIES OR PERSONS: The Department of Defense, the U.S. Air Force, the 10 ABW and/or their directors, officers, employees, volunteers, representatives, and agents.

b. I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in sub-paragraph (5a) above from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise. I acknowledge that the above-listed entities or persons are NOT responsible for the errors, omissions, acts, or failure to act of any party or entity conducting a specific activity on behalf of the US Air Force.

c. I acknowledge that this activity may test a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by facilities, temperature, and weather, condition of participants, equipment, and actions of other people. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

6. I understand the USAFA Satellite Fitness Center; I will be monitored and recorded by a CCTV system at all times. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the Department of Defense (DoD), the U.S. Air Force, the 10 ABW and/or their directors, officers, employees, volunteers, representatives, and agents. The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

7. The Sauna, Cardiovascular Machines, Selectorized Resistance Machines and Dumbbell exercise equipment and apparatus, may have inherent dangers and may be hazardous. I fully realize, understand and appreciate the risks to my person associated with the use of the facility. Said risks include, but are not limited to:

- a. Broken bones
- b. Strains
- c. Sprains
- d. Bruises
- e. Concussion
- f. Heart-related illnesses' (abnormal heart events; abnormal blood pressure; heart attack)
- g. Stroke
- h. Shortness of breath
- i. Faintness
- j. Nausea
- k. Dizziness
- l. Death

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

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Print Participant's Name

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Participant's Signature

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Age/Birthday

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Date