



**IronOaks Fitness & Racquet Center
Waiver of Claims and Release of Liability**

The undersigned desires to use certain facilities at the IronOaks Fitness Center (the "Club"). The undersigned understands and agrees that all use of the club facilities and any transportation provided by the Club shall be undertaken by the undersigned and any guest of the undersigned at the undersigned's sole risk and neither the Club, Sun Lakes Homeowner's Association 3 ("SLHOA3"), any affiliate of any of them or any of their respective employees, agents or representatives (collectively, the "Released Parties") shall be responsible or liable for any damage, harm, or injuries of any kind, nature or description to the undersigned or any guest of the undersigned or be subject to any action, claim, demand or suit whatsoever for injury or damages, including without limitation those resulting from the active or passive negligence on the part of any of the Released Parties, except to the extent caused by their gross negligence or willful misconduct.

The undersigned, on behalf of the undersigned and on behalf of the undersigned's executors, administrators, heirs, successors and assigns, hereby releases each of the Released Parties from all such actions, claims, demands, liabilities and suits. Neither acceptance of this Waiver and Release nor any other action on the part of any of the Released Parties shall constitute in any form or manner a medical judgment and shall not suggest that any of the Released Parties is qualified to make medical judgments. The Released Parties strongly recommend that each individual consult with a physician before using any of the Club facilities. Nothing contained in this Waiver and Release constitutes authorization for the undersigned to permit any guests to use Club facilities.

In the event that my physician has recommended any limitations to my physical activity or I have experienced any of the following conditions, I hereby attest that I have informed my physician of the condition(s) and have obtained express consent from my physician to participate in the programs.

- Chest pains while at rest and/or during exertion, previous heart attack or high blood pressure
- Any heart or circulatory conditions, such as vascular disease, stroke, chest pain, congestive heart failure, poor circulation to the legs, valvular heart disease, blood clots
- Frequent fast, irregular heartbeats OR very slow heartbeats
- Diabetes
- Previous hip or spinal fracture (as an adult)
- Lung disease or shortness of breath after mild exertion, at rest, or in bed
- Open cuts on my feet that do not seem to heal
- An unexplained weight loss of ten (10) pounds or more in the past six (6) months
- More than two falls in the past year (no matter what the reason)
- More than one year since engaging in regular physical activity

THE UNDERSIGNED, BY EXECUTING THIS WAIVER AND RELEASE, ACKNOWLEDGES THAT THE UNDERSIGNED HAS READ, UNDERSTOOD AND AGREED TO ALL OF THE TERMS OF THIS WAIVER AND RELEASE.

Please print name:

Please sign name:

Date:

Phone Number: _____

Local Emergency Contact:

_____ Name

_____ Phone Number

09/05/18