

First ARP Church

317 S. Chester Street
Gastonia, NC 28052

Office Phone: (704) 864-3468 Office FAX: (704) 864-2416

2018 Waiver and Release of Liability

Important Notes:

- ❑ **Participants under 18 years of age must have a parent or legal guardian review and sign this document.**
- ❑ This is a legally binding agreement, which is intended to provide a comprehensive release of liability. It is not intended to assert any claims or defenses that are prohibited by law.
- ❑ This agreement is intended to be as broad and inclusive as is permitted by law. If any provision or any part of any provision of this agreement is held to be invalid or legally unenforceable for any reason, the remainder of this agreement shall not be affected thereby and shall remain valid and fully enforceable.
- ❑ By signing this agreement, you relinquish any rights you may have to bring a court action to recover compensation or obtain any other remedy for any injury to yourself, your property, or for any fatality; however caused, arising out of participation, or observation of activities at **First ARP Church** now or at any time in the future.

Name of Participant: _____ Participant D.O.B.: _____

Name of Legal Guardian(s): _____

Address: _____ Home Phone: _____

_____ Alt. Phone: _____

I, _____, hereby agree that participation in any and all exercise programs or groups shall be at my sole risk. I accept full responsibility for all risks and hazards inherent with my participation, including my transportation to and from the activity as well as during the exercise itself. I agree to waive, discharge claims, and release from liability **First ARP Church**, its officers, directors, employees, agents, and leaders from any and all liability on account of, or in any way resulting from injuries and damages to the fullest extent allowed by law. In addition, I agree to hold harmless **First ARP Church**, its officers, directors, employees, agents, and leaders from any claims, damages, injuries or losses caused by my own negligence while a participant in the activity. I further agree that if, despite this release, I make a claim against any of the releasees named above, I will indemnify, save, and hold harmless each of the releasees from any litigation expenses, attorney fees, loss liability, damage, or any cost that may incur as the result of any such claim.

Initials

I represent and acknowledge that I have read this waiver and release of liability entirely, and fully understand each and every provision. I am signing this agreement freely and voluntarily assume all risks of such injuries and damages and notwithstanding such risks, I agree to participate in the activity.

Participant Name (Printed): _____ Signature: _____

Date Signed: _____

* I hereby agree and consent to the foregoing waiver and release of liability agreement on behalf of the minor named above.

Parent/Guardian (Printed): _____ Signature: _____

Date Signed: _____

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2018 Physical Activity Questionnaire

Name of Participant: _____

Read carefully and circle yes or no if it applies to you.

Yes No 1. Have you ever been diagnosed with any heart-related conditions?

Yes No 2. Have you experienced any pain in your heart or chest area in the past?

Yes No 3. Have you ever suffered any feelings of faintness or spells of dizziness?

Yes No 4. Has a Doctor ever said your blood pressure was too high?

Yes No 5. Have you ever been diagnosed with a bone or joint condition, such as Arthritis,
that can be aggravated by exercise?

Yes No 6. Have you ever suffered any back or neck problems?

Yes No 7. Are you over age 65 and not accustomed to physical exercise?

Yes No 8. Is there any other reason, physically or psychologically, not mentioned above why you should not follow
an activity program if you wanted to?

If you answered:

Yes to one or more questions:

If you have not recently done so, consult with your physician before increasing your activity level! Tell your physician what questions you answered yes to on this survey. After medical evaluation, seek advice from your physician as to what types of physical activity would be suitable for you at this time. If your physician is aware of conditions listed above, and is confident you are capable of participation, place your initials and a brief note next to the question(s) you answered "yes" to, explaining why it is o.k. to proceed with caution.

No to all questions:

If you answered accurately, you have reasonable assurance of your present suitability for a graduated exercise program. If you have a temporary minor illness, like a cold, postpone increased activity.

I understand the nature of these activities, as well as my experience and capabilities. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware. By signing this document, I acknowledge that these activities may be strenuous, and I state that I am in good health, and in proper physical condition to participate in this activity. I understand that participating in activities of **First ARP Church** is a privilege, and that the level at which I participate in this activity is at the discretion of the person(s) in charge of the activity. I hereby release, discharge, covenant not to sue, and agree to indemnify, save, and hold harmless each of the releasees from all liability claims, demands, losses, or damages, including negligent rescue operations.

Participant Name (Printed): _____ Signature: _____

Date Signed: _____

* I hereby agree and consent to the foregoing waiver and release of liability agreement on behalf of the minor named above.

Parent/Guardian (Printed): _____ Signature: _____

Date Signed: _____