

## CityShape Fitness Centers Membership Registration & Liability Waiver

Please submit to: 106/404 Health & Financial Benefits

Name: \_\_\_\_\_ Bureau: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Interoffice Mail Address: \_\_\_\_\_

- ❖ Membership is complementary, courtesy of the City of Portland
- ❖ Lockers are limited in The Portland Building and only to be used while you are working out in the Fitness Center. Please be courteous to others and take your belongings with you when you leave.
- ❖ CityShape I is located in The Portland Building, third floor; CityShape II is located in the 1900 Building, first floor.

### Consult a Physician Before You Start an Exercise Program

Most people do not need to consult a physician before they start, since a gradual, sensible exercise program will have minimal health risks. However, if you have not exercised for a while, consult your physician before you start or significantly increase your physical activity.

#### Person to contact in case of emergency:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (day): \_\_\_\_\_ (evening) \_\_\_\_\_

In consideration of my membership and being able to use the City of Portland CityShape I & II Fitness Centers facilities and equipment, I hereby release and covenant not to sue the City of Portland, CityShape, its employees, instructors or agents from any and all present and future claims resulting from ordinary negligence on the part of the City of Portland or others listed for loss, damage, theft of personal property, personal injury, or death arising as a result of using the facilities and equipment of CityShape and engaging in CityShape activities or any activities incidental thereto, wherever, whenever, or however the same occur. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, that may be made by me, my family, estate, heirs or assigns.

Further, I am aware that health and wellness activities may range from vigorous cardiovascular activity (i.e., aerobics, treadmills, ellipticals) to the strenuous exertion of strength training (i.e., free weights, weight machines). I understand that these and other physical activities at CityShape involve certain risks, including but not limited to, death, serious neck and spinal injuries resulting in complete or partial paralysis, heart attacks, and injury to bones, joints, or muscles. I am voluntarily participating in exercise activities with knowledge of dangers involved and hereby agree to accept any and all inherent risks of property damage, personal injury or death.

I further agree to indemnify and hold harmless the City of Portland and others listed for any and all claims arising as a result of my engaging in CityShape activities or any activities incidental thereto, wherever, whenever, or however the same occur.

I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of Oregon and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further affirm that the venue for any legal proceedings shall be in Oregon.

I affirm that I am of legal age and am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and/or remedies that may be available to me for the ordinary negligence of the City of Portland or any of the parties listed above.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- ❖ Fitness centers are unsupervised at this time. Each participant is responsible for his/her own safety.
- ❖ **You will not be notified when your membership becomes active.** Memberships usually become active within 48 business hours upon receipt.
- ❖ For more information, contact [benefits@portlandoregon.gov](mailto:benefits@portlandoregon.gov).