



Welcome to the  
**Denman Fitness Centre**

**Liability Waiver**

Member's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail address \_\_\_\_\_

Membership Period: \_\_\_\_\_

**Liability Waiver**

All members are encouraged to obtain a physical examination from their physicians prior to the use of any exercise equipment or attendance in any exercise class. In recognition of the possible dangers connected with any physical activity, the Member hereby knowingly and voluntarily waives his or her right or cause of action of any kind whatsoever arising as the result of such activity from which any liability may or could accrue to Denman Fitness Centre and/or Denman Seniors and Museum Society.

It is also agreed that any damages to the facilities or property, or to the property of any member by another member or his guest, is the sole responsibility of the offending member.

\_\_\_\_\_  
Signature of Member Date

\_\_\_\_\_  
Signature on behalf of Denman Seniors and Museum Society Date