



WASCO GYM & FITNESS CENTER

903 BARNETT STREET WASCO, OREGON

WASCOSCHOOLEC@GMAIL.COM

Questions? Please contact us by email or call Wasco City Hall at 541-442-5515

Drop-in Waiver and Liability Release

Name: _____ Date: _____

Phone number: _____ E-Mail: _____

BY SIGNING BELOW, I HEREBY VOLUNTARILY AND FULLY RELEASE, DISCHARGE, AND AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE RELEASED PARTIES FROM ANY AND ALL CLAIMS, DEMANDS, OR CAUSES OF ACTION, WHICH ARE IN ANY WAY CONNECTED WITH MY PARTICIPATION IN THE PHYSICAL ACTIVITIES OR MY USE OF THE RELEASED PARTIES' EQUIPMENT OR FACILITIES, INCLUDING, BUT NOT LIMITED TO, ANY SUCH CLAIMS WHICH ALLEGE OR PROVE NEGLIGENT ACTS OR OMISSIONS OF THE RELEASED PARTIES. THIS INCLUDES, WITHOUT LIMITATION, CLAIMS WHICH ALLEGE OR PROVE THAT THE INCIDENT WAS CAUSED BY THE RELEASED PARTIES' SOLE NEGLIGENCE AND/OR CLAIMS WHICH ALLEGE OR PROVE THAT THE INCIDENT WAS CAUSED SOLELY OR PARTLY DUE TO NEGLIGENT DESIGN, CONSTRUCTION, CONDITION, MAINTENANCE, OR REPAIR TO THE EQUIPMENT OR FACILITIES.

I UNDERSTAND THIS IS A RELEASE OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT. I HAVE CAREFULLY READ AND UNDERSTOOD IT, AND AGREE TO BE BOUND BY ITS TERMS.

Signature: _____ Print Name: _____

If I am a parent or guardian of a minor participating in use of the Facilities, my signature above serves as my release of liability for the following minors. I understand minors are not allowed in Fitness Center.

Print Names of Minor Children: _____

Please deposit \$5 daily use fee in drop box. Check all exterior doors carefully upon leaving the facility to be sure they are fully latched and locked.