Town of Lake City
Lake City Area Recreation Department
PO Box 544
230 N Bluff St.
Lake City, Co 81235
970.944.2333

Release of All Claims

_____

Printed Name

_____

Address **City** **State** **Zip**

_____

Phone Number

Program Weight Room Use

Rules

I will lift responsibly using a spotter for any challenging weight.
I will not allow anyone else access to the gym.
I will respect the equipment and other users of the gym.
I will report any equipment in need of repair or maintenance to the Town Hall immediately.

I hereby, release the Town of Lake City, their agents, employees, and volunteers from all claims for damage for death, person injury or property damage which may hereafter occur to me because of my participation in said activities or events. This release is intended to discharge the Town of Lake City, their respective agents, and employees from and against all liability arising out of or connected to any way with my participation in said activities or events, even though liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

I further understand that serious accidents occasionally happen during the above activities and that participants in them occasionally sustain mortal or serious personal injuries and or property damage consequently thereof. Knowing the risks of the above events or activities, nevertheless. I hereby agree to assume those risks and hold harmless all the persons and entities mentioned above whom through their acts and omissions and or negligence might otherwise be liable to me or my heirs and assigns for damage. It is further understood and agreed that this waiver release and assumption of risk is binding on my heirs and assigns.

_____ _____

Signature **Date**