

The Davis Center at
Harvey Cedars Bible Conference

Registration Form (Exercise Room)

Waiver of Liability Release Form

In consideration of being allowed usage in the exercise room, the undersigned acknowledges and agrees that:

1. The risk of injury from the activities involved in these areas is significant, including but not limited to the potential for permanent paralysis and death, serious injury to internal organs, musculoskeletal injuries and possible impairment to my general health and wellbeing.
2. I knowingly and freely assume all responsibility for any risk of loss, property damage or personal injury that may be sustained by me, or any loss or damage to property owned by me, as a result of my use of the exercise room.
3. I further agree to release and hold harmless Harvey Cedars Bible Conference from all claims and liabilities of any type whatsoever and for damages to, loss or destruction of any property or injury, sickness or death, which may result from my participation in exercise room activities
4. I willing agree to comply with The Davis Center's rules and regulations.
5. I acknowledge that I am in good physical condition and do not know of any condition or reason that I should not participate in The Davis Center's activities.
6. I understand that a medical examination to assure myself of physical fitness is desirable, that obtaining such an examination is my own responsibility.

In signing this release, I acknowledge and represent that I read the foregoing Waiver of Liability Form, understand it, and sign it voluntarily as my own free act and deed. I am at least eighteen (18) years of age and fully competent. If under 18, my parent or guardian shall also sign.

Guest (18 or older)

| | | |
|------------|-----------|------|
| Print Name | Signature | Date |
|------------|-----------|------|

Emergency Contact Name: _____

Emergency Contact Phone: _____

For participants of Minority Age (15, 16, or 17 year-old)

This is to certify that I, as **parent/guardian** with legal responsibility for this participant, do consent and agree to his/her release as provided above.

| | |
|--------------|------|
| Minor's Name | Date |
|--------------|------|

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|------------------------------|-----------|------|
| Parent/Guardian Name (Print) | Signature | Date |
|------------------------------|-----------|------|