

**RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT:
Exercise Equipment and Facilities**

IN consideration for personal use of the exercise equipment and facilities at McKenzie Regional Hospital, the undersigned acknowledges, appreciates, and agrees that:

The risk of injury from utilizing the facilities and equipment is significant, including the potential for muscle strains, sprains, falls and broken bones.

I knowingly and freely assume all such risks, (both known and unknown, even if arising from the negligence of others) and assume full responsibility for my participation. I certify that I am more than 18 years of age, and that this waiver remains in full force and in effect until specifically revoked in writing by me.

I willingly agree to comply with all of the customary safety practices of the exercise area. I will also bring any hazards immediately to the staff's attention as well.

I, for myself and on behalf of my heirs, assigns, personal representatives, and next of kin, hereby release and hold harmless McKenzie Regional Hospital and their employees or agents, for any and all personal injury, disability, death and/or any loss or damage to person or property on or about the premises of McKenzie Regional Hospital and the Physical Therapy, Wellness and Sports Medicine Department.

I recognize that use of the exercise facilities and equipment is outside the scope of any employment at McKenzie Regional Hospital. Any injury from utilizing the facilities or equipment will not be covered as a worker's compensation claim. I have voluntarily chosen to use the facilities and equipment. I have read and signed this release of liability and assumption of risk agreement. I fully understand its terms. I understand that I have given up substantial rights by signing it, and I sign it freely and voluntarily without and inducement.

This release and indemnification shall be as broad and inclusive as is permitted by the State of Tennessee. If any portion is held invalid, the balance shall continue in full force and effect.

Participant's Signature _____

Date Signed _____

Please Print Name Here _____

Witness Signature _____