

HOURS OF OPERATION TUESDAYS - SUNDAYS from 5AM to 8 PM | MONDAYS - CLOSED

RULES

1. No one is allowed to use or be permitted to the fitness facilities unless they are a member in good standing, or a registered guest with Green Valley Country Club.
2. Prior to the use of the exercise facilities, a member, immediate family member and any guest will be required to sign a waiver of liability agreeing to hold the Company, Green Valley Country Club, and any management firm retained to operate the Club Facilities on a day-to-day basis, and their directors, officers, shareholders, partners, managers, members, employees, affiliates, representatives, and agents harmless from any and all injuries sustained from the use of the exercise facilities.
3. All users are required to scan/card in upon entering the facility.
4. Regular operating hours for the exercise facilities will be posted by the Club and may be changed from time to time.
5. The Club may limit the number of guest a member may bring to the exercise facility. Guest using the exercise facility must be accompanied by the sponsoring member. A guest fee may be charged for each guest. Failure to register a guest may result in the imposition of a fine.
6. Casual workout attire is acceptable at the exercise facilities. Tee shirts, gym shorts or warm-up pants are appropriate for men and leotards tights, tee shirts, gym shorts or warm-up pants are appropriate for women. No open toe shoes such as flip flops are allowed.
7. Smoking and alcoholic beverages are prohibited at the exercise facilities. No food or drink, except water, may be brought into the exercise facility.
8. It is the responsibility of each user to obtain instruction on how to use the equipment prior to using such equipment, and the equipment is only to be used in accordance with such instructions.
9. It is the responsibility of all persons using the exercise facilities to consult with their physician, and such person should be in good physical condition and have no physical, medical, or psychological conditions, disabilities, impairments or ailments, chronic or otherwise, which would preclude, impair or prevent them from safely using the exercise facilities, or engaging in active or passive exercise.
10. ALL PERSONS USING THE EXERCISE FACILITIES DO SO AT THEIR OWN RISK. All users assume full risk of loss and responsibility for any injury or damage to their health resulting from use of the exercise facilities.
11. Children under sixteen years of age are not permitted to use the exercise facilities unless accompanied or supervised by an adult or otherwise approved in advance by the General Manager.
12. Horseplay, profanity, disruptive conduct and indiscreet behavior at the exercise facilities are strictly prohibited.
13. Radios and other personal electronic devices may only be used with earphones.

FITNESS CENTER AGREEMENT AND RELEASE OF LIABILITY

This form is to be used in connection with the exercise facility provided at Green Valley Country Club, which is an unsupervised facility and is intended to be used only by apparently healthy individuals.

In consideration of being allowed to exercise at the Green Valley Fitness Center and to use its facilities, equipment and machinery, I do hereby waive, release and forever discharge Green Valley Country Club, EA Operations, LLC, and any management firm retained to operate the Club Facilities on a day-to-day basis, and their directors, officers, shareholders, partners, managers, members, employees, affiliates, representatives and agents harmless from any and all injuries or damages resulting from my participation in any activities at, or my use of equipment or machinery in, the Green Valley Fitness Center. (Please initial _____).

I understand and am aware that strength and flexibility training, as well as vigorous exercise, including the use of exercise equipment, are potentially hazardous activities. I also understand that fitness activities involve risk of injury and even death and that I am voluntarily participating in these activities and using exercise equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or damages. (Please initial _____).

I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in exercise at Green Valley Fitness Center. (Please initial _____).

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any exercise/fitness activity, health programs, workshops, services or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activities, exercise and the use of exercise and training equipment so that I might have recommendations concerning these fitness activities and equipment use. (Please initial _____).

In further consideration of being permitted to participate in exercise classes, I knowingly, voluntarily and expressly waive any claim I may have against any instructor or Green Valley Fitness Center for injury or damages that I may sustain as a result of participating in the program or from receiving any services. (Please initial _____).



Fitness Center Release Form

MEDICAL QUESTIONNAIRE

Emergency Contact Information

Name: _____ Phone: _____

Name: _____ Phone: _____

Do you have any chronic conditions, injuries, or illness we should know about? If you have a:

- Heart condition/problem Yes No
- Are pregnant Yes No
- Have diabetes Yes No
- Multiple sclerosis Yes No
- Cancer Yes No
- High blood pressure Yes No
- Detached retina Yes No
- Spinal injuries either cervical, thoracic, or lumbar Yes No
- Sinus problems Yes No
- Carpal tunnel Yes No
- Knee injuries Yes No
- Chronic problems Yes No
- ANY condition that would need a doctor's approval to participate in practicing Yoga? Yes No
- Are you currently under a doctor's care? Yes No

If yes, please list name and phone number of doctor. _____

Do you regularly take medication(s) that would affect your use of the exercise facility? If answered yes, what?

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions listed above.

Printed Name: _____

Email: _____

Signature: _____ Date: _____

Witness by: _____

(Guardian's signature if under 18)

