



St. Luke's United Methodist Church
480 S. Highland St. • Memphis, TN 38111 • 901-452-6262
www.stlukesumc.org

FITNESS RELEASE FORM

Last Name: _____ First Name: _____ Middle Initial: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work/Cell Phone: _____
Email: _____ Birth date: month/day _____
Emergency Contact: _____ Contact Phone: _____

Church member Non-Church member Equipment orientation

Program Agreement:

I, the participant certify by my signature below that I am physically able to participate in the Fitness exercise program at St. Luke's UMC and do hereby agree that this facility is not responsible or liable to me for any injury, accident or loss of personal property. By placing my signature below, I acknowledge that I am in good health and that I currently have adequate medical and hospitalization insurance for any injuries that I may incur.

I do hereby waive, release, absolve, indemnify and agree to hold harmless St. Luke's United Methodist Church its Board of Trustees, staff, or any other representative of the church for any claim arising out of an injury to me whether the result of negligence or for any other cause.

I do hereby release this facility and all instructors from any claim or cause of action which may have occurred as a result of any medical problem known or unknown of which I have knowledge presently or in the future. I verify no promises or guarantees, other than those written in this agreement, were made to me by this facility or its representatives.

I CERTIFY THAT I HAVE READ THIS RELEASE AND AGREE TO THE TERMS HEREIN. THIS AGREEMENT/RELEASE SHALL BE BINDING UPON THE HEIRS, ADMINISTRATORS, EXECUTORS, AND ASSIGNS OF THE PARTICIPANT.

Participant's Signature: _____

Participant's Printed Name: _____ Date: _____