

**First Presbyterian Church of Fort Worth Health and Fitness  
Release, Waiver, and Informed Consent Agreement**

I have voluntarily chosen to use the fitness facilities, gymnasium, and/or participate in wellness programs or activities, including, but not limited to pickleball activities (collectively, the "Facility Activities") offered through First Presbyterian Church of Fort Worth (the "Church"). I recognize that engagement in Facility Activities may involve strenuous physical activity including, but not limited to, muscle strength and endurance training, cardiovascular conditioning and training, and other various fitness activities.

I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or limit my participation in the Facility Activities. I understand that it is my responsibility to immediately inform the Church of any changes to my physical condition that might affect my ability to safely participate. I acknowledge that I have been advised that an examination by a physician should be obtained prior to commencing a fitness and/or exercise program, or initiating a substantial change in the amount of regular physical activity performed. If I have chosen not to obtain a physician's consent prior to participation in the Facility Activities, I hereby agree that I am doing so solely at my own risk. I understand that it is my sole responsibility to participate in exercises and fitness-related activities that are appropriate for the current status of my health. If I have any questions or concerns about whether or not a particular activity is appropriate to my current health status, I understand it is my responsibility to ask my doctor if this activity is appropriate before I participate in such activity.

I understand that the Facility Activities are not medically supervised, and activities may be led by independent fitness instructors, other participants, or may be self-directed, and that the Church coordinates any program leadership as a courtesy. I agree not to hold the Church responsible for the actions or omissions of the independent instructors or other program participants.

I understand and agree that the Church may, in its sole discretion and at any time, revoke my participation in the Facility Activities, with or without cause, and that I shall have no claim or recourse regarding such revocation.

I understand that any exercise, fitness activity, or engagement in the Facility Activities involves inherent risks of injury, including but not limited to abnormal changes in blood pressure, fainting, heart attack, stroke, other serious disability or death, as well as risks of property damage and injuries caused by other participants. I am voluntarily accepting such risks and choosing to participate in the Facility Activities with full understanding of the dangers involved, and I expressly assume all such risks, both known and unknown. In consideration of my participation in the Facility Activities, I hereby forever waive, release, and covenant not to sue the Church and its officers, directors, trustees, committee members, employees, volunteers, successors and assigns from any and all claims, costs, liability and expense for any injury, loss or damage whether known, anticipated or unanticipated arising from my voluntary participation the Facility Activities.

I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS FORM IN ITS ENTIRETY, FULLY UNDERSTAND IT, AND HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT ITS CONTENT. I UNDERSTAND THAT IT CONTAINS A RELEASE OF LIABILITY AND EXPRESS ASSUMPTION OF RISK. BY SIGNING THIS DOCUMENT, I AM WAIVING CERTAIN RIGHTS I OR MY SUCCESSORS MIGHT HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST THE CHURCH AND RELATED PARTIES RELATED TO PARTICIPATION AND/OR ENROLLMENT IN FACILITIES, PROGRAMS AND/OR ACTIVITIES OF THE CHURCH. IF SIGNING AS A PARENT

OR LEGAL GUARDIAN, I ACKNOWLEDGE THAT I AM AGREEING TO ALL TERMS ON BEHALF OF THE MINOR PARTICIPANT AND MYSELF.

**Participant (If under 18 years old, must be signed by parent/legal guardian)**

Name of Participant: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name (if signing for minor): \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_