

**USAG-Yongsan Get FIT Yongsan Registration Form**

*Please Print Legibly*

<b>NAME:</b>	<b>PHONE:</b>
<b>EMAIL:</b>	
<b>RANK:</b>	<b>ORGANIZATION/UNIT:</b>

**RULES:**

- ❖ Individuals engaging in this program must be 18 years of age or older.
- ❖ All participants are to sign a waiver of liability to engage in this program.
- ❖ It is expected that Fitness Passports will not be falsified/altered and all information will be true and accurate.
- ❖ Each individual will receive their own Fitness Passport to use during the program. If an individual loses their Fitness Passport, then another one will be provided to them. However, if passport is lost then all acquired points are forfeited and individual starts back at zero.
- ❖ To be eligible for prize drawing; individual must be present with their Fitness Passport. There will be no delegating individuals for the event.
- ❖ In order to receive stamps; individual must carry their Fitness Passport with them at all times during such eligible events.
- ❖ When utilizing the recreational facilities on-post, the rules and regulations of that facility will be followed and upheld at all times.
- ❖ Passports will be distributed the following dates:
  - **Q1: 29 AUG to 31 AUG    Q2: 28 NOV to 30 NOV**
  - **Q3: 27 FEB to 29 FEB    Q4: 28 MAY to 31 MAY**

*My signature below acknowledges that I agree to adhere to and follow the rules set in place for the above mentioned program. Any such wrong doing will remove me from the program and jeopardize my ability to engage in future events/programs.*

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 DATE

WAIVER, RELEASE OF LIABILITY, AND ASSUMPTION OF RISK

*Please read carefully before signing.*

I have been informed, understand, and am aware that activities such as, but not limited to running, jumping, and other fitness and movement activities, cardiovascular, flexibility and/or muscular strength and endurance exercises are potentially hazardous activities. I also have been informed, understand, and am aware that fitness and movement activities involve a risk of injury; including the risk of death or serious disability, and that I am participating in these activities with full knowledge, understanding, and appreciation of the risks involved. I hereby agree to expressly assume and accept any and all risks of injury, illness, death, and/or related situations. \_\_\_\_\_ (Initial)

In consideration of being allowed to participate in fitness training and activities provided by USAG-Yongsan, Department of Defense, US Army, related facilities, equipment, and services, the undersigned acknowledges, appreciates, and agrees that:

- The risk of serious injury, including but not limited to permanent paralysis, injury, and death, is significant and does exist, even though particular rules, equipment and personal discipline may reduce the risk; and
- I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence or omission of USAG-Yongsan, Department of Defense, US Army, and their officers, agents, employees, contractors, and volunteers or others, and assume full responsibility for my participation; and
- I willingly agree to comply with the stated and customary terms and conditions of participation. If I observe any unusual significant hazard during my presence or participation, I will remove the hazard, if possible, discontinue my participation, and bring such to the attention of the USAG-Yongsan Health & Fitness Director.

\_\_\_\_\_ (Initial)

I, for myself, my heirs, assigns, personal representatives, and next of kin, do hereby forever waive, release, discharge, and hold harmless USAG-Yongsan, Department of Defense, US Army, and their officers, agents, employees, contractors, and volunteers from any and all claims or liabilities for injuries, disability, death, or loss or damage to person or property, whether arising from the negligence or omission of USAG-Yongsan, Department of Defense, US Army, or their officers, agents, employees, contractors, and/or volunteers. \_\_\_\_\_ (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 me from safe participation in health, fitness, or movement activities. In entering into this Agreement with the aforementioned parties, the undersigned acknowledges that this affirmative statement is a material consideration of participation in fitness programs. \_\_\_\_\_ (Initial)

I HAVE READ THIS WAIVER, RELEASE OF LIABILITY, AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS AND SIGNIFICANCE, UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. I ACKNOWLEDGE, BEING AWARE OF MY OWN HEALTH AND PHYSICAL CONDITION, AND HAVING KNOWLEDGE THAT MY PARTICIPATION IN THIS HEALTH AND FITNESS PROGRAM MAY BE INJURIOUS OR HAZARDOUS TO MY HEALTH AND OR WELL BEING, THAT MY PARTICIPATION IN THIS FITNESS PROGRAM IS VOLUNTARY AND WITH FULL UNDERSTANDING, ACCEPTANCE, AND ASSUMPTION OF ALL RISKS INVOLVED.

**This form is an important legal document that explains the risks you are assuming by taking part in exercise and movement activities. It is critical that you have read and understand this document completely.**

NAME (Printed)

SIGNED

DATE