# VOLUNTEER/PARTICIPANT RELEASE

This person named on this form wishes to participate in the gym/weight room activity at the Fire Department.  The City of Marshfield and its employees wish to ensure to the fullest extent possible that they are not sued or held liable for injuries sustained by the participants.  I make this release and agreement on my behalf, and on behalf of anyone who would be able to sue if I were injured while using, attending or participating in activities.  In return for being allowed to participate in the gym/weight room activity at the Fire Department, I agree and acknowledge as follows:

1.  Participation in the gym/weight room activity exercise room carries with it some risk of serious injury, including even in rare cases death.  The risks include, but are not limited to those caused by over exertion, the equipment, the facilities, staff mistakes and actions of other users;
2.  I assume all risk by participating in the gym/weight room activity;
3.  I understand that the City of Marshfield and its employees are  relying upon the agreements and representations I herein make;
4.  I release the City of Marshfield and its employees from any and all claims, including negligence claims and claims relating to personal injury or property, arising out of my participating in the gym/weight room activity, except I do not release reckless or intentional tort claims;
    I agree to indemnify the City of Marshfield or its employees if I or anyone else brings a claim against the City of Marshfield or its employees due to injuries I receive due to my participating in the gym/weight room activity ("indemnify" here means to reimburse the City of Marshfield or its employees for any sums that they have to pay and expenses/fees they incur due to an injury claim relating to me); and
5.  I have carefully read this document and understand it.  With knowledge of the risks involved and the rights that I give up, I waive the rights I might otherwise have, and I freely sign this document.

Date Signed: _____

Participant's Signature:

_____

Participant's Name (Please Print):

_____