Advocate Good Shepherd Hospital
Health & Fitness Center

Wavier & Release

You acknowledge that your participation at or use of the Advocate Good Shepherd Hospital Health & Fitness Center facilities aquatic, gymnasium, equipment, special programs, and transportation provided by Good Shepherd Hospital Health & Fitness Center is of voluntary nature with a risk of injury. You hereby assume all risks of injury which may result from or arise out of your participation at or use of Good Shepherd Hospital Health & Fitness Center and you agree, on behalf of yourself and your heirs, executors, administrators and assignees, to fully and forever release and discharge from any and all claims, damages, demands, rights of action present or future, known or unknown, anticipated or unanticipated, resulting from or arising out of your participation at or use of Good Shepherd Hospital Health & Fitness Center. Further, you hereby agree to waive any and all of such claims, damages, demands, and rights of action. Further you hereby agree to release and discharge the Releases from and all liability from any loss or theft of, or damage to, personal property. You acknowledge you have carefully read this waiver and release and fully understand that it is a waiver and release of liability.

I hereby give written permission as a parent/guardian for the following minors, under the above guidelines of waiver & release.

| Print Minors Name(s) | Age |
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Applicant and/or Parent/Guardian Signatures:

Member Signature / Parent signature _____ Date _____

Member PRINT name / Parent Print _____