

Carter Rehabilitation and Fitness Center Registration Form

Please Print

1. Your Name			
First Name		Middle Initial	
Last Name			

2. Date of Birth			
Month		Day	
		Year	

3. Home Address			
House Number		Street	
City		State	Zip Code

4. Contact Information	
E-mail	
Phone Number	

I consent to receive email/SMS communications

Please read and sign consent form on back of page.

OFFICE USE ONLY		
ONE TIME	MONTHLY	YEARLY
<input type="checkbox"/> 7 Day Trial	<input type="checkbox"/> Regular Membership	<input type="checkbox"/> Regular Membership
<input type="checkbox"/> 90 Day Membership	<input type="checkbox"/> Employee Membership	<input type="checkbox"/> Employee Membership
<input type="checkbox"/> Oncology	<input type="checkbox"/> Volunteer Membership	<input type="checkbox"/> Volunteer Membership
<input type="checkbox"/> Pilates / NKT		



1400 Eighth Avenue, Fort Worth, TX, 76104. Phone Number: 817-922-1140

Carter Rehabilitation and Fitness Center Release and Waiver of Liability

The Carter Rehabilitation and Fitness Center, and its affiliate Baylor All Saints Medical Center (collectively, the "Center") promote, organize, and sponsor fitness activities; however, the Center does not assume any responsibility or undertake any duty of care for the health and safety of any participants.

I, _____, have registered voluntarily to engage in exercise and fitness activities, use exercise equipment, and/or use other facilities, available at the Center (the "Fitness Activity").

I understand that this Fitness Activity, which is unsupervised, involves strenuous physical exertion and will require sound judgement at all times during my participation. I understand that by participating, I am at risk to suffer serious physical injury and possibly death. I understand and agree that I, alone, am responsible to determine my physical and mental fitness and my suitability to participate. I acknowledge that the Center will not attempt to determine, nor will I hold the Center liable to determine my physical and mental fitness, suitability, or capability to participate either before I begin participation or at the time during my participation in the Fitness Activity.

I understand and agree that if I, alone, chose to waive the compulsory fitness evaluation and/or physician medical certification required of participants at the Center I am responsible for my decision and will not attempt to hold the Center liable for any physical injury or death arising out of, or relating to, my participation in, or during travel related to, this Fitness Activity.

In consideration for the work performed by the Center in promoting and organizing this Fitness Activity, from which I receive value and benefit, I assume all risks of injury or death related to participation. I further release the Center and all of its affiliated entities, and I waive any claim that I might make against the Center and its affiliate entities, for any physical injury or death arising out of, or relating to, my participation in, or during travel related to, this Fitness Activity.

I understand and agree that the effect of signing this Release and Waiver of Liability is to give up all of my legal rights to file any lawsuit or to recover any money damages against the Center and its affiliated entities for any claim relating to the Fitness Activity including any claim for negligence by the Center or negligence by any employee of the Center. Because participation in the Fitness Activity is voluntary, I have agreed to sign this Release and Waiver of Liability. I have been given the opportunity to read carefully all of the terms of this Release and Waiver of Liability and I understand fully the legal consequences of signing it.

I understand I will not be allowed to participate in the Fitness Activity unless I sign this Release and Waiver of Liability. I agree to this because I choose to participate in the Fitness Activity at my own risk, knowing that I have no legal right to seek recovery of damages or otherwise to make any claim against the Center for any harm or injury, including death that I may suffer as a result of my participation.

Sign

Date



Baylor Scott & White
HEALTH

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