

Batesville Therapy Clinic  
1310 Sidney St.  
Batesville, AR 72501  
**Fitness Center Waiver**

Name \_\_\_\_\_

I give this waiver to Batesville Therapy Clinic (BTC) in connection with my use of the Fitness Center facilities.

1. I am in good physical condition and able to use the equipment in the Fitness center and participate in the exercises and programs offered.
2. I understand that in utilizing the Fitness Center and participating in programs offered, I risk the possibility of sustaining an accident, injury and illness.
3. I agree to hold BTC, their affiliates, directors, officers, employees and agents not liable for any accidents, injuries or illness sustained by myself or any member of my family as a direct or indirect result of the use of the Fitness center facilities. Further, I acknowledge that I am voluntarily assuming the risk of any such accident, injury, or illness.
4. I acknowledge that my use of the Fitness Center is within the discretion of BTC, and that my membership may be terminated if I demonstrate a lack of safety or disregard of Fitness Center members or rules.
5. I understand that the Fitness Center is primarily a Physical Therapy/Rehabilitation facility and I agree to give priority to physical therapy patients.
6. I agree to pay a monthly fee of \$35.00 due on the first business day of each month for the use of the Fitness Center.
7. I agree to abide by all rules and regulations adopted by BTC in connection with the operation of the Fitness Center.

Signature \_\_\_\_\_

Date \_\_\_\_\_