

2024
Membership/Waiver Form for the
ARGONNE EXERCISE CLUB

I, the undersigned, being over the age of eighteen (18) and of sound mind, do declare as follows:

1. That I wish to enroll in the Argonne Exercise Club program, knowing that this involved strenuous physical activity.
2. That I am in good health and my physician has certified that I would not be harmed by my participation in the Argonne Exercise Program.
3. That in consideration for my acceptance into this program, I hereby for myself waive and release any and all rights and claims for damages which may hereafter accrue to me or which I may have against the Argonne Exercise Club, or any of its officers, instructors or members, for any and all injuries, loss or damage suffered by me during the course of or in any way connected with the above-noted exercise program.

I declare under penalty of perjury that the foregoing is true and correct.

NOTE: The normal membership fee of \$30.00 has been waived for 2024.

(Print Name)

(Email)

(Department/Building)

(Extension)

(Signature)

(Date)

Please return via e-mail to: **Kim Pattison/SAS** (pattison@anl.gov)
Bldg. 302/Room 144