



10601 4th Street NE
Albuquerque, NM 87114

phone 505_828_3000 fax 505_828_3002
web vesselnm.com

FITNESS EQUIPMENT USE- WAIVER AND REALEASE FROM LIABILITY

In consideration of use of the Vessel Health Fitness Equipment and Facilities, I hereby agree as follows:

I accept full responsibility for, and I accept all risk of, any and all physical, mental or health injury or damage which might arise in any manner whatsoever, directly or indirectly, relating in any manner to my voluntary use of equipment or entrance into the facility. I hereby release from, waive against, discharge and hold harmless Vessel Health LLC from and with respect to any and all claims and liability. I further agree to indemnify, protect, defend and hold harmless Vessel LLC with respect to any and all claims, liabilities, debts, demands, dues, causes of action, damages and costs, including attorney fees, which Vessel Health LLC might pay or might incur as a result of any claim or demand of any kind made by me or y anyone acting through or on behalf of me, relating in any manner to any such health, physical, mental injury or damage.

1. I am at least eighteen years of age, and I agree to furnish Vessel Health LLC or its representative, upon request, suitable proof of age.
2. I acknowledge that Vessel Health LLC has made no representations whatsoever regarding the nature or appropriate use of equipment and other facilities which now, or in the future might, be located in the fitness center. I understand and agree that in addition to the foregoing, I assume any and all risks, and I accept any and all responsibility, with respect to any and all health, physical or mental injury or damage of any kind.
3. I specifically agree that I will not enter the facility or use the equipment while under the influence of non-prescriptive drugs or alcoholic beverages, and that I will not possess or consume any non-prescriptive drugs or alcoholic beverages in or near the facility.

I have read and understand the above and accept any and all responsibilities unto myself while in the facilities.

NAME: _____

DATE: _____

SIGNATURE: _____

DATE: _____