

**FITNESS CENTER
AERA, Tirana**

ACKNOWLEDGEMENT AND WAIVER

I have read the rules for use of the Fitness Centers operated by AERA and agree that and my family members will abide by them. I hereby waive, release, and renounce, for myself and for my heirs, successors and assigns, any and all claims that I have or may in the future have against the American Employee Recreation Association, its agencies, officers and employees related to the program, including but not limited to claims based on failure to warn of risks associated with the program, failure to supervise program activities adequately, or failure to provide safe or properly maintained equipment or facilities.

I also acknowledge that I have read the following paragraph on risks:

If you elect to use the fitness facility or any portion of the fitness facilities provided by AERA, or if you elect to participate in any related programs, your use and participation will be at your sole risk. The medical clearance you received allowing you to travel to post does not include an evaluation of whether you can use the fitness facilities or participate in any related activity and should not be considered as an approval to participate in an exercise program. You are advised to consult with your personal physician before beginning to use the fitness facilities or participate in any related activity. In addition, if deemed advisable by your physician, you should consult with him or her on an ongoing basis. Even consultation with your physician and engaging in regular exercise in no way guarantees against the possibility of adverse occurrence during exercise sessions or use of other fitness center facilities. Possible risks include, but are not limited to transient dizziness, fainting, muscle cramping, musculoskeletal injury, sprains and strains, heart attack, stroke or sudden death.

Printed Name: _____ Signature: _____

Date: _____