



Rush Copley Healthplex  
Fitness Center

**1900 Ogden Avenue, Aurora, Illinois 60504  
630-978-6741**

**Waiver of Claims and Release of Liability**

\_\_\_\_\_  
Guest's Printed Name

\_\_\_\_\_  
Minor's Printed Name (if applicable)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email Address

**WAIVER OF CLAIMS AND RELEASE OF LIABILITY – By my signature, below, and in consideration of being permitted to use the Rush-Copley Healthplex Fitness Center's facilities or otherwise participate in Healthplex sponsored activities, programs, or events, I, for myself, or on behalf of my child, and on behalf of my or my child's executor, administrator, heirs and assigns, agree to defend, indemnify and hold harmless Rush-Copley Medical Center, Inc., Rush-Copley Healthplex, LLC and each of their directors, officers, employees, agents, independent contractors and representatives ("Released Parties"), from and against any claims or demands for injuries or any damage of any kind, whether known or unknown, resulting from any acts or omissions of the Released Parties. I further agree the Released Parties shall not be liable for any personal property that is damaged, lost or stolen, including, but not limited to, my automobile and/or its contents. Finally, I understand and agree that use of the Healthplex is at my own risk, that I agree to assume all risks for injuries, including death, and that I should first seek medical clearance before participating in any physical activity or exercise.**

\_\_\_\_\_  
Signature of Guest

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian of Minor

\_\_\_\_\_  
Date