

**CAPE GEORGE COLONY CLUB**61 CAPE GEORGE DRIVE  
PORT TOWNSEND, WA 98368PHONE: (360) 385-1177  
FAX: (360) 385-3038**EXERCISE ROOM USE  
STATEMENT OF RESPONSIBILITY**

Member's Name:	Telephone:
Street Name and Number:	

<b>Member Agrees:</b>
<ul style="list-style-type: none"><li>I am a member in good standing of Cape George Colony Club.</li></ul>
<ul style="list-style-type: none"><li>I have read the Exercise Room Rules and Regulations (CP05) and agree to be responsible for my own conduct and that of individuals in my party, and that they will observe the rules and regulations.</li></ul>
<ul style="list-style-type: none"><li>I know that there will be no instructor, supervisor or trainer on duty.</li></ul>
<ul style="list-style-type: none"><li>I understand that no children under the age of 14 are allowed in the exercise room at any time.</li></ul>
<ul style="list-style-type: none"><li>I am physically able to engage in the activities available in the Exercise Room and accept that the use of this facility is undertaken <b>AT MY OWN RISK</b>.</li></ul>
<ul style="list-style-type: none"><li>I will not give out my personal Card to the lock and will immediately inform the office if I lose my card.</li></ul>
<ul style="list-style-type: none"><li>I will make sure that door is closed if room is vacant when I leave.</li></ul>
<ul style="list-style-type: none"><li>I know that violation of the rules and regulations may result in loss of exercise room privilege and possible fine.</li></ul>
<ul style="list-style-type: none"><li>I agree on behalf of myself and my heirs, successors and assigns, to hold harmless and indemnify the Club, its Board, Trustees, Members, agents, servants, employees and independent contractors from and against any and all claims, loss, damages, liability or expense including, without limitation, attorneys fees and court costs and expense, arising out of or in any way related to any act or neglect while using the exercise room and its equipment.</li></ul>

Member's Signature	Date:
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**CLUB USE ONLY**

Received (date):	Office Signature:
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