

Informed Consent Agreement and Liability Waiver Form

INFORMED CONSENT AGREEMENT AND LIABILITY WAIVER FORM FOR PARTICIPATION IN THE DISTRICT COURT'S FITNESS CENTER

I wish to participate voluntarily in using the fitness facility provided by the District Court, which includes, without limitation, any use of the premises, facilities, or equipment located at the J. Caleb Boggs U.S. Courthouse & Federal Building, 844 N. King Street Wilmington, DE 19801.

I recognize the potential risks involved with strenuous exercise and inherent in the use of the facility. I represent that at the time of each use of the facility I am physically able to use the facility safely. Understanding the risks involved in my participation in fitness activities, I agree that I will cease my participation in any or all fitness activities if I feel that such participation is too strenuous or places me at specific risk of injury.

In no event will the United States or its officers, employees, or agents, be liable in any way for any personal injury, death, or property loss or damage sustained by or through me in connection with the use of the fitness facility. I agree for myself and anyone claiming through me to defend and hold harmless each such party aforementioned from and against any claim or demand that may be asserted against any or all of them arising out of any such injury, death, loss, or damage. However, this provision will be of no force or effect with respect to any claim or demand covered by the Federal Employees' Compensation Act (FECA), or if, and only if, coverage of the claim or demand is denied under FECA by any liability insurance carried by the facilities-manager/contractor. This agreement may not be construed to relieve any insurance carrier from any duty to pay, adjust, or defend any claim or demand whatsoever.

Unless amended by mutual agreement, this waiver will remain binding and in effect so long as I participate in the physical fitness center.

I have read and understand this document in its entirety.

Date

Signature of Facility User

Print Name

Witness