

Number of Days Days Used

Shalimar Resort
Release and Assumption of Risk

ROOM #:
DATE:

I _____, residing at _____,
am of sound mind and hereby sign this Release/Assumption of Risk form intending to be legally bound. I am signing this form specifically to induce the Shalimar to permit me to use its health services facilities, located on the 2nd floor of the Shalimar Resort, 6405 Atlantic Avenue, Wildwood Crest, New Jersey 08260. I hereby represent the following:

1. I have been advised by agents, servants and employees of the Shalimar to consult with a physician prior to engaging in exercise in the Shalimar facility in order to determine my fitness to engage in the same. I hereby confirm that I have consulted with a physician prior to utilizing the facilities and that I am in good physical health.
2. I understand that physical training and exercise is a strenuous activity and hereby voluntarily assume any risk of personal/bodily injury which I may incur as a result of my use of said facilities.
3. Additionally, I hereby assume all risk of injury which may result to me by virtue of my use of the exercise equipment and health club facilities located in the premises aforesaid. I further release any claims which I may have now or in the future against the Shalimar, by virtue of my use of said facilities.
4. I further confirm that I am familiar with weight training and weight training equipment of the type contained in the Shalimar facility.
5. Accordingly, I hereby confirm that my use of all equipment contained in the Shalimar facility, including sauna, exercise room, cardiovascular equipment or any other item or thing, without exception, is at my own risk.

NO ONE UNDER THE AGE OF 18 YEARS OF AGE IS ALLOWED IN THE FACILITY. NO ALCOHOLIC BEVERAGES AND NO MUSIC PLAYING OUT LOUD. DRESS CODE IS REQUIRED: SNEAKERS AND GYM CLOTHING. THE FRONT DOOR OF THE FACILITY MUST BE KEPT CLOSED AT ALL TIMES. ALL SUNTAN LOTIONS AND SAND (ESPECIALLY ON SHOES) MUST BE WASHED OFF PRIOR TO USING THE EQUIPMENT.

Guests must sign in and out of the facility at the front desk and will be given a key the facility upon signing in.

Any infringement of the above mentioned rules will result in loss of use of the Shalimar health facility.

I hereby certify that the above information is true and accurate and that I have executed this document freely, knowingly and voluntarily for the purpose of inducing the Shalimar Resort to permit me to utilize the facilities described above.

Guest Shalimar

Form of Identification:

Drivers License No.: State:
State Photo ID
Other