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## ILO Fitness Centre Undertaking and Release

Full Name : \_\_\_\_\_

Home Address :

\_\_\_\_\_

ILO Department/Section : \_\_\_\_\_

Unit : \_\_\_\_\_

Office: \_\_\_\_\_

Tel. Ext. : \_\_\_\_\_

I, \_\_\_\_\_(please print full name), understand that physical exercise and use of the facilities and equipment at the ILO Fitness Centre can result in injury and am aware that I should have a thorough physical examination performed by a physician confirming my ability to exercise and use fitness equipment. I also fully understand and agree that the use of the facilities and equipment of the ILO Fitness Centre is at my own risk and I hereby release the ILO and it's employees of any liability in case of injury, illness, death, loss or damage to personal effects and/or equipment, which may result, directly or indirectly, from my use of the facilities and the equipment of the Centre.

I confirm that I currently hold either a **ST** (short-term), **FT** (fixed-term), or **WLT** (with no limit of time) contract with the ILO and I agree to the conditions of membership and will abide by the rules of the ILO Fitness Centre.

Place and Date : \_\_\_\_\_

Signature : .....