



# Henrico County Recreation and Parks GROUP EXERCISE ACCESS PASS REGISTRATION FORM

Participant Name (First & Last)	Age	Date of Birth

Who is registering for the program(s)?  Self  Minor (Under 18 years of age)

**For Minor Participants - Parent/Legal Guardian Name (First & Last):** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

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

**Emergency Contact Name (First & Last):** \_\_\_\_\_

Relationship (Relative, Friend, etc.): \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

## Pass Guidelines

- A Group Exercise Access Pass is required to participate in any Henrico County Recreation and Parks fitness class.
- Passes must be scanned prior to participation in each, individual program.
- Please note the minimum age for each class.
- Passes are unique to the access pass holder.
- Classes operate on a first-come, first-served basis.
- Maximum capacity is based on the nature of the program and the space being utilized.
- *Group Exercise Access Passes are required to be renewed on an annual basis.*
- Patrons agree to abide by all Group Exercise rules and regulations.
- Henrico Recreation and Parks reserves the right to revoke access from patrons abusing rules, regulations, and facilities.

Fitness programs included within the Group Exercise Pass may be viewed online at [connect.henricorecandparks.com](https://connect.henricorecandparks.com), in our app <https://onelink.to/rquwx3>, within HCRP's Program Guide, or in-person at our Recreation Centers. Please note there are no programs offered on designated Henrico County holidays. Programs may be added to the schedule based on demand and instructor availability. Program dates and times are subject to change or cancellation due to inclement weather or instructor availability.

**Inclusion Services Requests:** Inclusion Services staff can provide activity modifications to any registration-based program, including (but not limited to) additional visual aids and verbal cues, custom supplies or equipment, facilities, and staff education. All program modification requests are reviewed on a case-by-case basis and require a minimum two-week notice before the start of the program. If you have any additional questions related to program modifications or inclusion services, please contact: (804) 652-1413 or [rec-inclusion@henrico.gov](mailto:rec-inclusion@henrico.gov)

Do you need assistance or program modifications (due to a medical condition or disability)?  Yes  No



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**DURABLE ASSUMPTION OF RISK AND RELEASE AGREEMENT**

By submitting this application to use Henrico Recreation and Parks as a pass holder, I affirm that my general health is good, I am not adversely affected by exercise, and I can engage in activities of a vigorous nature. I am aware of the inherent risks of physical injury when exercising. I understand that it is my sole responsibility to seek the advice of my doctor before beginning or changing an exercise routine or if my good health or condition should change. I further understand that it is my responsibility to use due care while exercising, and should my health or condition render me unable to safely use the facility or participate in activities, I will cease my use or participation.

In consideration for using the facility and participating in activities at the facility, I voluntarily agree to assume the full risk of any bodily injuries, including death, and property damage or loss that I may sustain as a result of my use of the facility or participation in activities at the facility. I further agree to release and discharge Henrico County, its officers, agents, employees, and volunteers from any and all liability for any bodily injuries, including death, and property damage or loss that I may suffer as a result of, or relating to, use of the facility or participation in activities at the facility. I understand that under Va. Code Sec. 15.2-1809 and other Virginia law, Henrico County will not be liable in a lawsuit for damages arising out of the operation or maintenance of a public recreational facility.

I understand that this Agreement constitutes an assumption of risk and release for any bodily injury, including death, and property damage or loss. The terms hereof shall serve as a release and assumption of risk for my heirs, executors, and administrators. I acknowledge that Henrico County recommends that participants secure adequate medical insurance to cover any injuries that may arise from their activities.

**I HAVE READ AND FULLY UNDERSTAND THIS AGREEMENT, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT, I MAY BE WAIVING CERTAIN CLAIMS. BY SIGNING THIS AGREEMENT, I KNOWINGLY AND VOLUNTARILY CHOOSE TO PARTICIPATE IN PHYSICAL ACTIVITY THAT INVOLVES RISK OF INJURY.**

This Agreement shall be valid and binding for as long as my access pass is valid.  
***(If under 18, a parent or guardian must sign)***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_