

ILO FITNESS CENTRE
UNDERTAKING AND RELEASE

Full Name: _____

Home Address: _____

ILO Department/Section: _____

Unit: _____

Office number: _____

Tel. Ext.: _____

Type of contract: _____

Supervisor: _____

Clauses:

1. 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 its employees from 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.

2. I confirm that I currently hold either a ST, FT, WLT or internship contract with the ILO and I agree to the conditions of membership and will abide by the rules of the ILO Fitness Centre.

3. I will pay the amount of 45 CHF for the use of the ILO's GYM over a three-month period to the following bank account **S and L Fitness Centre 1202 Genève, 17-353979-3.**

4. I am aware that I will not be reimbursed in case of closure under any circumstance.

Place and Date: _____

Signature:.....