

**Town of Seekonk**  
**Human Services Fitness Liability Waiver**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Liability Waiver**

I, undersigned, being aware of my own health and physical condition, and having knowledge that my participation in any exercise program may be injurious to my health, am voluntarily participating in a physical activity.

Having such knowledge, I hereby acknowledge this release, any representatives, agents, and successors from liability for accidental injury or illness which I may incur as a result of participating in the said physical activity. I hereby assume all risks connected therewith and consent to participate in said program.

I agree to disclose any physical limitations, disabilities, ailments, or impairments which may affect my ability to participate in said fitness program.

I am signing this Release/Waiver for the purpose of participating in **Seekonk Human Services Health and Fitness Program**. Participating in this activity involves certain risks. I am signing this to acknowledge that I understand those risks and agree to assume them. *The following fitness programs include: Silver Sneakers, Yoga, Chair Yoga, Tai Chi, Zumba and any other physical activity.*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_