

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: _____