

Agreement & Release of Liability

1. I, _____ have enrolled in a program of physical activity including, but not limited to aerobics, strength training, flexibility, bicycling, walking, stepping and the use of various aerobic conditioning activities offered by Granville County senior Services, I do hereby for myself, my heirs and assigns, forever waive, release and discharge Granville County Senior Services and its officers, agents, employees, representatives and all others acting on their behalf from any and all claims or liabilities for injuries or damages to my person and/or property arising out of or connected with my participation in Granville County Senior Center Fitness Programs. (Please Initial: _____).
2. I have been informed of, understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment, could result in injury, including a remote risk of death or serious disability. I am voluntarily participation in these activities and using equipment and machinery with full knowledge and understanding of the dangers involved. I hereby agree to assume and accept any and all risks of injury or death, hereby releasing Granville County Senior Services and its above mentioned representatives from any liability during or after my participation in the fitness program (Please initial: _____).
3. I do hereby declare myself to be physically healthy enough to participate in the program I am enrolled in and am suffering from no condition, impairment, disease or other illness that would prevent my participation in these activities or use of equipment or machinery. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in the exercise activities, programs and use of exercise equipment, that his/her recommendations will be followed in my assigned program and that I have been given my physician's permission to participate. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with physician as to physical activity, exercise and use of exercise equipment. I agree to follow my physician's recommendation. I agree to inform **Justin Waller** or the senior center staff if my physician's approval forms need to be updated. During my workout I agree to cooperate with and exercise at the level that the professional fitness staff has assigned to me as my recommended training program. I also agree to report any shortness of breath, nausea, sudden muscle pain/strain or joint soreness or pain to the fitness staff or Senior Center staff immediately. (Please initial: _____)
4. I understand that the Senior Center, providing and maintaining an exercise/fitness program for me is not an acknowledgement or representation of my physical well being or a medical opinion on my well being. (Please initial: _____).

Date: _____

Participant's Signature

I hereby affirm that I have read and fully understand the above statements.