

Waiver for Services Provided

Dear Participant:

You should always consult your physician or other healthcare provider before starting any new exercise program.

By signing this disclaimer I (participant) acknowledge receipt of this information and release the Town of South Hadley, its officers, agents or employees from liability and responsibility from any and all injury or damage which I may sustain while participating in the following exercise class at the South Hadley Council on Aging:

I (participant) hereby assume full responsibility for any and all injuries, losses and damages that I incur while attending any fitness classes, except for circuit training, at the South Hadley Council on Aging

Print Name Here

Sign Name Here

Date

HOWEVER, IN CASE OF AN EMERGENCY SITUATION, PLEASE LIST YOUR EMERGENCY CONTACT NAME AND PHONE NUMBER.

EMERGENCY CONTACT

EMERGENCY CONTACT PHONE NUMBERS

ALTERNATE CONTACT PHONE NUMBER (FOR EXAMPLE CELL OR DAYTIME WORK NUMBER)