



RELEASE OF LIABILITY

By my signature below, I signify that I have read, understand, and voluntarily agree to the following:

All patrons interested in participating in the use of the facility or programs must present one current form of picture identification (ID) such as a driver's license, state ID cards, student ID, etc.

In consideration of the Lester Buresh Family Community Wellness Center granting the participant permission to participate in activities/programs, I hereby assume all risks of personal injury (including death) and property damage that may result from any activity/program. I do hereby release and agree to indemnify, defend, and hold harmless the Lester Buresh Family Community Wellness Center, the City of Mount Vernon, their employees, officials, agents, and volunteers, present and future, and all participants in the program/activity from and against all liability, including claims and suits at law or in equity, for damages or injuries, fatal or otherwise, know or later discovered, which may result from any negligence or the participant taking part in activities/programs offered by the Lester Buresh Family Community Wellness Center at any location that these activities may take place.

Warning of Risk: Aerobic and other fitness exercises including such items as passive/resistive weight training, use of stair climbers, treadmills, and other training devices, despite careful and proper preparation, instruction, medical advice, conditioning and equipment, pose a substantial risk of injury. You are responsible for determining if you are physically fit for these activities. It is advisable to consult a physician before undertaking any physical exercise program.

Participants 18 years of age and older

Please print

Participant Name: _____ Birth Date: _____ Gender: M F O

Participant Name: _____ Birth Date: _____ Gender: M F O

Address: _____ City: _____ State/Zip: _____

Phone Number: _____ Email Address: _____

Emergency Contact: _____ Phone Number: _____

Participant Signature (If over the age of 18): _____ Date: _____

Participant Signature (If over the age of 18): _____ Date: _____

Family Members

Family Release of Liability (children under the age of 18)

Name: _____ Birth Date: _____ Gender: M F O

Name: _____ Birth Date: _____ Gender: M F O

Name: _____ Birth Date: _____ Gender: M F O

Name: _____ Birth Date: _____ Gender: M F O

Name: _____ Birth Date: _____ Gender: M F O

Parent/Guardian Signature: _____ Date: _____

Yes / No (Circle One) The LBC has permission to use photographs of me and/or the members in my family for advertising and publicity purposes.