

# Community Wellness Exercise Program Liability Waiver

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

PLEASE CIRCLE: MEMBER / NON-MEMBER OF THE FITNESS CENTER AT BURKE

I, \_\_\_\_\_ wish to join a community wellness exercise program at The Burke Rehabilitation Hospital. I understand that this is a exercise program, involving a variety of physical activities that may include stretching, strengthening with weight training machines and devices; exercising on motorized and non-motorized exercise machines; walking within the Burke Rehabilitation Hospital grounds. I understand that my participation is voluntary in this program, and not medically prescribed therapy. My physician approves of my participation in this program.

I realize that the reaction of one's body to physical activity cannot be predicted with complete accuracy. There can be abnormal physical responses including, but not limited to changes in blood pressure or heart rate, dizziness, and in rare cases, serious illness, such as heart attack. There is some risk of injury including, but not limited to, muscle strain, soreness and fatigue. I am willing to assume such risk.

In consideration of my participation in a wellness exercise class at The Burke Rehabilitation Hospital, I for myself, my heirs, executors, administrators, representatives and assigns hereby discharge The Burke Rehabilitation Hospital, it's employees, subsidiaries, affiliates, offices, directors, agents, successors, assigns, and/or representatives, from any and all claims, demands, causes of action, suits, charges, liabilities, and expenses (including attorney's fees) of any nature whatsoever, now or in the future, arising from my participation in these programs including, but not limited to liability related to the injuries or illness listed above, however caused, whether they occur during or after my participation in these programs.

I hereby affirm that I have read and fully understand the above, and that my signing of this waiver is knowing and voluntary.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_