

Jackson County Senior Center Fitness
Release and Waiver of Liability

Print Name: _____

I wish to use the Department on Aging Services Fitness Equipment and apparatus, participate in exercise programs and classes, and or participate in personal training activities. In consideration of permission to use the facility & services, I acknowledge and affirm the following:

I, acting on behalf of myself, do expressly and forever waive and release the Jackson County Senior Center, Department of Aging and all their respective officers, employees, agents, or representatives from any and all liability for personal injuries and or damages sustained, incurred, or arising from participation in any Senior Center Activities.

By registering for any Jackson County Senior Center activity, I agree to allow publication of photos or video taken of myself at any program, event or facility associated with the Jackson County Senior Center.

I understand that using the Fitness Equipment and, or participating in exercise programs or classes may have inherent dangers and may be hazardous. I fully realize, understand, and appreciate the risks to my person associated with the use of the facility or participation in any exercise program. I have been given an opportunity to ask any questions I might have. I understand how to operate the treadmills, the elliptical, the recumbent elliptical, and the recumbent bike.

I acknowledge that I have consulted with my physician before use of any exercise equipment and before beginning any exercise program or class or personal training activities. I acknowledge that I have no physical or medical condition, which, to my knowledge, would endanger others or myself in connection with my use of the facility. I acknowledge that it is my full and sole responsibility to know the limits of my physical abilities as they relate to the use of the facility and its equipment, activities, and events. I understand that I must sign in daily and make a staff member aware of my intentions to utilize the facility.

I have read the foregoing release and waiver of liability. I understand its content, and agree to its terms, conditions, and limitations on my rights, and request that I be allowed to use the facility according to the terms of this release and waiver of liability.

By my signature below, I agree to each and every term of the release and waiver of liability.

Participant Signature: _____ Date: _____