

WAIVER AND RELEASE OF LIABILITY AND ASSUMPTION OF ALL RISKS

READ BEFORE SIGNING

By signing below I agree that:

I have voluntarily decided to participate in activities and events at, and use the facilities of the Recreation Board of the Borough of Media.

This form is an important legal document. It explains the risks you are assuming by beginning an exercise program. It is critical that you read and understand it completely. After you have done so and you wish to participate in the activity, please print your name legibly in the blank spaces as provided in the text and at the bottom of each section and sign in the spaces provided at the bottom of each section.

WAIVER AND COVENANT NOT TO SUE

1. I, _____, have volunteered to participate in a program of Pilates run by the Recreation Board of the Borough of Media and under the direction of Mary Ann Rahman, at the Media Borough Hall, which will include, but may not be limited to, weight and/or resistance training, and aerobic activity. I am voluntarily participating with the knowledge of the numerous risks and dangers involved, including but not limited to: physical exertion for which I may not be prepared breakdown of equipment, whether rented or owned; accident or illness; the risk of negligence by myself or others, including the Recreation Board of the Borough of Media and the potential for serious injury, including permanent paralysis or death.
2. IN CONSIDERATION OF USING THE BOROUGH OF MEDIA FACILITIES FOR THIS PROGRAM RUN BY THE RECREATION BOARD, TO INSTRUCT, ASSIST, AND TRAIN ME, I DO HERE AND FOREVER RELEASE AND DISCHARGE AND HEREBY HOLD HARMLESS, RELEASE AND DISCHARGE FOREVER THE RECREATION BOARD OF THE BOROUGH OF MEDIA, ITS SHAREHOLDERS, DIRECTORS, OFFICERS, AGENTS, HEIRS, ASSIGNS, CONSULTANTS AND/OR EMPLOYEES, SPONSORING AGENCIES, SPONSORS, ADVERTISERS, AND THE BOROUGH OF MEDIA ITS SHAREHOLDERS, DIRECTORS, OFFICERS, AGENTS, HEIRS, ASSIGNS, CONSULTANTS AND/OR EMPLOYEES, SPONSORING AGENCIES, SPONSORS, ADVERTISERS, AND THE OWNERS AND THE LESSORS OF THE PREMISES USED TO CONDUCT A RECREATION BOARD OF THE BOROUGH OF MEDIA RELATED EVENT FROM AND AGAINST ANY AND ALL CLAIMS, LIABILITY, DEMANDS, DAMAGES, RIGHTS OF ACTION OR CAUSES OF ACTION, PRESENT OR FUTURE, ARISING OF OR CONNECTED WITH MY PARTICIPATION IN THIS OR ANY EXERCISE PROGRAM INCLUDING ANY INJURIES RESULTING THERE FROM.
3. This release shall be legally binding upon me personally, all members of my family and all minors accompanying me, my heirs, successors, assigns and legal representatives, it being my intention to fully assume all of the risks associated with my use of the facilities of the Borough of Media and the Recreation Board of the Borough of Media, and to release from any and all liabilities associated with my use of the facilities to the maximum extent permitted by law.

4. I understand that the Recreation Board of the Borough of Media reserves the right to refuse admittance to any person who refuses to sign this waiver or who it judges to be incapable of meeting the rigors, requirements and safety requirements for participation in the activities

Participant's Signature

Date

Please Print Name

Recreation Board of the Borough of Media, representative

Borough of Media, representative

ASSUMPTION OF RISK

I, _____, recognize that exercise might be difficult and strenuous and that there could be risk inherent in exercise for some individuals and I understand that I should contact my physician or other qualified medical specialist prior to beginning this program in order to determine if such physical activity is safe for me to undertake. I acknowledge that the possibilities of certain physical changes during exercise do exist. These changes include musculoskeletal injuries, abnormal blood pressure, fainting, disorders in heartbeat, heart attack, and in rare instance, death. .

If I experience any pain or discomfort during the workout session, I will immediately inform the staff. I should see a physician or other qualified medical specialist for any mental or physical ailment that I am aware of or occurs. Because various exercises are contraindicated (should not be done) under certain medical conditions, I affirm that I have stated all known medical conditions and understand that there shall be no liability on anyone's part should I forget. In any event, I acknowledge and agree that I assume the risks associated with any and all activities and/or exercises in which I participate.

In the event of the need of medical attention, I authorize the officials of the Recreation Board to use their best discretion to have me transported to a medical facility and I will take the responsibility for such actions. I represent that I have read and understand this consent and release and acknowledge that this release is being relied on by the Recreation Board of the Borough of Media and the Borough of Media permitting me to participate in their facilities.

Participant's Signature

Date

Please Print Name

Recreation Board of the Borough of Media, representative

Borough of Media, representative