

Waiver of Liability Agreement

Palmer Senior Citizens Center, d.b.a. Mat-Su Senior Services

Please read the form carefully and completely before signing.

First Name	MI	Last Name	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth
Street Address		City	State	Zip Code	
Home Phone	Work Phone		Email Address		
Emergency Contact Name	Emergency Contact Phone		Relationship to you		

Waiver of Liability, Release, Assumption of Risk & Indemnity Agreement

NOTICE: This is a legally binding agreement. By signing this agreement, you contractually agree to never bring a court action to recover compensation or obtain any other remedy for any injury to yourself, or your property, or for your death, however caused, arising out of your use of the facilities, equipment or participation in activities of Mat-Su Senior Services.

ACKNOWLEDGEMENT OF RISK

In consideration of being allowed to participate in any way in the activities at Mat-Su Senior Services, its related events and activities, I acknowledge, appreciate, and agree:

1. The risk of injury from the activities involved in weight training, cardiovascular exercise, or any activity that involves physical exertion is significant, including the potential for serious bodily injury- and death, and while particular skill, and personal discipline may reduce this risk, the risk does exist; and
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF Mat-Su Senior Services, its members, employees, shareholders, officers, directors, or affiliates, or agents or its owners, employees, or agents, or other participants or visitors of Mat-Su Senior Services, or others, and assume full responsibility for my participation; and
3. I acknowledge and understand that neither Mat-Su Senior Services, nor any of its instructors or employees provide medical or any other form of insurance to participants.

Printed Name	Signature	Date
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AGREEMENT AND RELEASE OF LIABILITY

Statement as to Health and Condition

I certify that I have undergone a physical examination by a doctor who determined that I am in good health and that I have no physical limitation that would preclude my safe use of the facilities and equipment at Mat-Su Senior Services. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise training equipment so that I might have his/her recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and been given my physician's permission to participate, or that I have decided to participate in activity and use equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

 Printed Name

 Signature

 Date
WAIVER OF LIABILITY, REALEASE, ASSUMPTION OF THE RISK AND INDEMNITY

I intend to be legally bound and it is my express intent that this Waiver of Liability, Release, and Assumption of Risk & Indemnity Agreement shall bind my spouse, heirs, assignees, executors, and administrators. In consideration for being allowed to participate in any way in the activities and use of the facilities at Mat-Su Senior Services, I HEREBY AGREE on behalf of myself, my successors, assignees, heirs, survivors, representatives, executors, and administrators to assume all risk, and waive, release, and discharge forever Mat-Su Senior Services, its members, employees, shareholders, directors, or affiliates, or, its owners, employees, or agents, or, other participants or visitors of Mat-Su Senior Services, (RELEASES) from all liability, claims, demands, causes of action, actions, lawsuits, or judgments of any kind whatsoever, including but not limited causes in law or equity, for negligence, breach of warranty, or strict liability tort, for any injury, death and/or other damages. Further, I hereby agree to indemnify, defend, and save harmless Mat-Su Senior Services, its landlord, employees, volunteer employees, offices, directors, or affiliates, or its owners, employees or agents, or other participants or visitors of Mat-Su Senior Services, from any and all claims, demands, causes of action, actions, lawsuits, or judgments of any kind whatsoever arising out of or for in any way related to my presence at or use of the facilities or equipment, including but not limited to weight training, and cardiovascular exercise, of Mat-Su Senior Services.

I state that I have read the Waiver of Liability, Release, Assumption of Risk & Indemnity Agreement and that I fully understand and agree that by signing below I am contraction away my right to sue and that I WILL BE SOLELY RESPONSIBLE FOR ANY INJURY, DEATH, OR DAMAGE, THAT I MAY SUSTAIN AT OR IN CONNECTION WITH Mat-Su Senior Services, and sign it freely and voluntarily without any inducement.

 Printed Name

 Signature

 Date