

Health & Wellness Program Liability Waiver

Completion of this waiver applies to all Health and Wellness Group Exercise classes.

Initial each item, then print your name, date and sign this form. Please submit this form with payment. The form must be completed before participation in any/all Health & Wellness fitness programs.

_____ I understand that proper exercise clothing (e.g. athletic footwear, fitness shorts, t-shirts, fitness pants) is required for participation.

_____ I understand that a filled water bottle is strongly encouraged for all classes. Water fountains are accessible.

_____ I hereby declare, assert, and affirm that participation in Belding Area Schools/Community Education wellness program is done having voluntarily and knowingly assumed all risks involved. The immediate physical risks and hazards associated with normal, vigorous physical activity include (but are not limited to) physical discomfort, fatigue, muscular soreness, falls, pulled or strained muscles, overuse injuries, heat stress, and the rare instance of abnormal responses of the cardio-respiratory system including heart arrhythmia, heart attack, stroke and sudden death.

_____ In consideration of acceptance of this contract allowing my participation in the wellness program and intending to be legally bound thereby, I hereby for myself, my heirs, executors, administrators and assigns, WAIVE AND RELEASE any and all rights and claims for negligence, injuries, damages or losses that I may incur against all participating agencies involved specifically Belding Area Schools/Community Education, their respective employees, agents, representatives, successors and assigns for any and all activities connected with the wellness program.

_____ I have read and fully understand the above statements.

Full Name (Print)

Signature

Date

Faculty/Staff

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