

Division of Senior, Disabilities and Veterans' Services
Senior Health and Fitness Program
Release/Waiver of Liability

Name (Please PRINT): _____ Date of Birth: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact Name & Number: _____

Doctor's Name and Number: _____

Classes enrolling for (Onsite, Offsite OR Virtual): _____

I am signing this Release/Waiver for the purpose of participating in the Hunterdon County Senior Health and Fitness Programs, in person as well as Virtual, via ZOOM. I understand that participation in fitness programs involves certain risks. I assume complete responsibility and liability for those risks and injuries that may occur because of those risks. **I will not hold the Instructor/Leader, Senior Health and Fitness, the Division of Senior, Disabilities and Veterans Services, the County of Hunterdon or any of their agents or employees responsible for any injuries or medical expenses resulting in any aspect of my participation.**

The fitness programs include but are not limited to ***Advanced Fitness, Aerobics, Ballet, Bocce, Chair Yoga, Gentle Exercise, Getting Stronger, Healthy Bones, Line Dance, Move Tomorrow, Pilates, Tai Chi, Tap Dance, Zumba.***

I claim to the best of my knowledge that I do not have a disability that would preclude safe participation in these programs.

I have been advised to consult my physician and get Medical Clearance for Exercise signed by them BEFORE participating in any activity. My physician and I will assess my physical and medical condition periodically for continued participation in programs.

I will follow directions given by the Instructor/Program Leader and notify them immediately if I feel ill or if I notice a dangerous condition.

I will wear appropriate clothing, shoes, etc.

I understand I must maintain my own health insurance and other insurance to pay for any injuries to myself while on the premises and participating in the class/activity. I understand the County will NOT be responsible for my medical expenses.

Please be advised that we are not a medical facility and are not trained to deal with medical issues.

911 will be called immediately for any emergency situations.

Signature: _____ Today's Date: _____

Witness: _____ Today's Date: _____

(Updated 2/2/2022)