



## Exercise and Fitness Program Release and Indemnification Consent

Participation in the Exercise and Fitness Program of The Senior Circle Association at \_\_\_\_\_  
Sponsor Chapter Name involves activities which may include risks such as, but not limited to, falls, injuries to muscles, ligaments and tendons, interaction with other participants, and other injuries or illnesses from the physical stress of exercise on one's body. In consideration of being allowed to participate in the Exercise and Fitness Program, I hereby expressly assume all risks, including personal injury and death, arising in any way out of my participation.

It is my responsibility to dress appropriately. It is my responsibility to use the equipment in a correct and proper manner, and to seek instruction on any equipment for the proper use thereof. I acknowledge that I am solely responsible for my own health and safety. I represent and warrant that I am physically fit and able to use the exercise equipment, and I agree to stop and request assistance should I experience any symptoms such as, but not limited to, dizziness, excessive fatigue, shortness of breath, chest or other pain or any other conditions which would make it difficult or unsafe to continue.

I have provided Senior Circle Association Chapter with a signed release from my personal physician, and acknowledge any limitations advised by my physician. I fully understand and will abide by these limitations. I understand that it is my sole responsibility to advise the Senior Circle Advisor and my physician of any changes in my physical condition.

I agree for myself, my heirs, executors and administrators, to not sue and to release, indemnify and hold harmless, Senior Circle Association, Chapter Name, their affiliates, officers, directors, volunteers, agents, and employees from any and all liability, claims, demands, and causes of action whatsoever, arising from and in any way associated with the exercise classes and fitness programs sponsored by Facility and Senior Circle Association's Name, whether it results from the negligence of any of the above or from any other cause.

This release and indemnification shall be as broad and inclusive as is permitted by the State of State. If any portion is held invalid, the balance shall continue in full force and effect.

I have read, understand and agree to the terms of this Agreement.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
PARTICIPANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS TO SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STAFF MEMBER PRESENT

\_\_\_\_\_  
DATE

IN THE EVENT OF AN EMERGENCY, CONTACT:

\_\_\_\_\_  
NAME

\_\_\_\_\_  
PHONE

Exercise and Fitness Program Release and Indemnification Consent Required Annually.

**Senior Circle**

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WHITE- Facility Copy

CANARY- Recipient's Copy