

Meridian Senior Center - Fitness Room Participation Waiver

Medical Authorization: In the event of any injury or emergency, the undersigned authorizes that Released Parties to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my immediate care. The undersigned acknowledges and agrees that he or she will be fully and solely responsible for payment of any and all medical services rendered, and that the Released Parties shall in no way bear any responsibility, liability, or cost for medical services rendered to the undersigned in the connection with the use of the Equipment.

Indemnify: I also agree to INDEMNIFY AND HOLD THE CHARTER TOWNSHIP OF MERIDIAN HARMLESS from all claims, action, suits, procedures, costs, expenses, damages, and liabilities, including attorney's fees brought as a result of my involvement in the Meridian Senior Center Fitness Room and use of equipment and to reimburse them for any such expenses incurred. Severability: The Released Parties are not responsible for any loss or theft of personal property brought to or left in, on, or about the Senior Center, fitness room, or equipment and release the Released Parties from any liability for such loss or theft.

Print Name: _____ Date of Birth ___ / ___ / ___

Address: _____ Zip: _____

Phone #: Home: _____ Cell: _____

Email: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Phone #: Home: _____ Cell: _____

I have read this waiver of liability, assumption of risk, indemnity agreement, and fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Participant's Signature: _____ Date: ___ / ___ / ___