



Windsor Senior Center

Fitness Center Release of Liability Waiver

Please consult your physician before beginning any exercise program.

I acknowledge that I have voluntarily chosen to participate at the Windsor Senior Fitness Center. I acknowledge (i) the nature of the risks of the particular activity in which I have chosen to participate, and (ii) the strenuous nature of the activity. I understand, for example, the risks associated with physical injury, infectious diseases (including COVID-19), abnormal blood pressure, heart attack, and even death.

I understand that an employee and/or volunteer will not always be available in the fitness center and I assume all risks. I hereby assume the risk of all conditions or occurrences which may be encountered and waive all claims for damages, injury or loss to my person and/or property which may be caused by my participation in the fitness activity for which I am a participant. I waive any and all specific notice of the existence of any adverse conditions or occurrences and waive all claims of the Town of Windsor, its agents, employees or volunteers for any claim arising out of my participation or for any act, omission or condition occurring during my participation.

In completing this form, I claim, to the best of my knowledge, that I do not have a disability (medical or physical) that would preclude safe participation in this activity. It is my responsibility to update my registration form and notify the staff if any of my medical information should change.

I hereby release the Town of Windsor, its agencies and its officers, employees, or agents, from any liability for my personal injury or otherwise, arising out of or in any way connected to my participation in this exercise program. By signing this document, I expressly assume all risk for my health and well-being and expressly assume the other risks associated with participating in this activity.

I have read and understand this waiver and express assumption of risk. I have also read, understand, and will adhere to all guidelines and policies in regard to this benefit. This waiver and release shall survive the term of any agreement with The Windsor Senior Center.

In the event that my physician has recommended any limitations to my physical activity or I have experienced health conditions, I hereby attest that I have informed my physician of the condition(s) and have obtained express consent from my physician to participate in this activity.

Printed Name _____

Phone _____

Signature _____

Date _____

Emergency Contact and Phone number _____

Silver Sneakers Number _____

Renew Active Number _____

Silver & Fit/Active & Fit Number _____

Once complete, please submit to the Windsor Senior Center Office. A member of our team will contact you to schedule your complete orientation with Dee Abrams, Town of Windsor Fitness Instructor. Or, if staff is available, you may schedule when submitting this form.