



**WAIVER OF LIABILITY AND ASSUMPTION OF RISK
MADISON SENIOR CENTER PHYSICAL FITNESS**

PLEASE READ CAREFULLY

I understand that my participation in City of Madison (“City”) exercise programs, operations, and/or activities is voluntary, and that I am participating by my own free choice. I agree to participate in **Madison Senior Center Physical Fitness Activities** (the “Activities”) in a responsible manner and to follow applicable rules and regulations pertaining to the Activities. In consideration of being allowed to participate, I hereby agree to assume the risks of property damage, injury, illness, or death in any way associated with my participation in the Activities. **I recognize that the program requires physical exertion that may be strenuous at times and may cause physical injury, and I am fully aware of the risks and hazards involved. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the above mentioned program. I represent and warrant that I have no medical condition that would prevent my participation in the program.**

I agree to assume full responsibility for any risks, injuries, or damage, known or unknown which I might incur as a result of participating in the Activities. Such injuries may include, but are not limited to: heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness, including death. I agree to release, defend, indemnify, and hold harmless the City, its officials, employees, representatives, volunteers, and agents for any and all rights and claims for damages, including attorney fees, I now, or may hereafter have, whether known or unknown, in law or in equity, and arising from or in any way connected with my participation in the Activities. I agree that the terms stated herein shall also serve as a waiver of liability and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

I acknowledge that I have carefully read this waiver of liability and assumption of risk and fully understand that I am waiving any right that I may now or hereafter have to bring a legal action to assert any claim against the City of Madison in connection with my participation in the Activities.

I accept the conditions printed above:

Participant Signature

Date

Print Participant Name