

*Loomis*  
**SENIOR L.I.F.E.**  
*center*

Today's Date \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

(Street)

(City)

(State)

(Zip)

Home Telephone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Do you receive Texts? Yes / No

Can we share your contact information with other Members? Yes / No

E-Mail \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Medical Conditions \_\_\_\_\_

Medications: \_\_\_\_\_

## GENERAL WAIVER OF LIABILITY

I understand that I am signing a General Waiver of Liability which is a release of claims that bars any non-COVID related claims that I might bring against The Center for actions or services they provide.

I hereby affirm that I am in good physical condition and do not suffer from any disability or condition which would prevent or limit my participation in activities and classes at The Center. I have been advised that an examination by a physician should be obtained by anyone prior to commencing a physical activity program or before initiating a substantial change in the amount of regular physical activity I normally have.

I hereby agree that I participate in activities and services at The Center at my own risk and I understand that it is my sole responsibility to participate in programs that are appropriate for my current health status. If I have any questions about the appropriateness of activities for my current health and safety, I understand it is my responsibility to ask my doctor.

I understand that programs at The Center are not medically supervised, and exercise and other activities are led by instructors who work for The Center. I agree not to hold The Center responsible for the actions or omissions of the independent instructors or other program participants.

I understand The Center may revoke my participation in Center activities at any time.

I understand that any activities involving physical movement involves a risk of injury, as well as abnormal changes in blood pressure, fainting or cardiac event, stroke or other serious disability or death. I am accepting such risks and volunteering to participate with full understanding of the dangers involved. In consideration of my participation at The Center, I waive and release The Center and its successors and assigns from any and all claims, costs, liability and expense for any injury, loss or damage, whether known, anticipated or unanticipated arising from my voluntary participation and enrollment.

I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS FORM IN ITS ENTIRETY AND FULLY UNDERSTAND IT. I UNDERSTAND THAT IT CONTAINS AN ASSUMPTION OF THE RISK AND RELEASE OF LIABILITY. BY SIGNING THIS DOCUMENT, I AM WAIVING RIGHTS THAT I OR MY SUCCESSORS MIGHT HAVE AND WILL BE BARRED FROM BRINGING LEGAL ACTION OR ASSERTING A CLAIM AGAINST THE CENTER.

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PARTICIPANT SIGNATURE

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PARTICIPANT PRINTED NAME

