

PERQUIMANS COUNTY SENIOR CITIZENS EXERCISE ROOM

STATEMENT OF RELEASE/LIABILITY WAIVER

THIS FORM MUST BE SIGNED BY EACH PARTICIPANT

The Perquimans County Senior Citizens Center strongly advises that individuals should consult their physician prior to using the equipment in its exercise area. Based on his/her medical history, it also reserves the right to require an individual to present "Consent to Exercise" form signed by a physician before using the equipment.

I, the undersigned participant, hereby indemnify and hold harmless the Perquimans County Senior Citizens Center, the town of Hertford, and Perquimans County here and after referred to as host agencies, their agents, employees, representatives and assigns from any claims resulting from injury or physical restrictions whatsoever which would prohibit my participation in the exercising area. I recognize and understand that use of the equipment may require vigorous physical activity that could result in serious or life threatening physical harm to me.

(Signature)

(Date)

EMERGENCY CONTACT PERSON:

Name: _____ Phone: _____

Personal Physician _____ Phone: _____

List any medications you are taking: _____

List any allergies you have _____

Please describe any past or present medical diagnosis that we need to be aware of: _____

Perquimans County's Vision:

To be a community of opportunity in which to live, learn, work, prosper and play.