

Town of Woodbridge, Connecticut

11 Meetinghouse Lane

Woodbridge, CT 06525

203-389-3400

RECREATION DEPARTMENT HEALTH AND WELLNESS FITNESS CENTER

ASSUMPTION OF RISK AND RELEASE

I, _____ understand that there is an inherent risk of injury in participating in exercises, utilizing equipment, and taking advantage of the various other facilities at the Woodbridge Recreation Department Health and Wellness Fitness Center (the "W.R.D. Health and Wellness Fitness Center"). I voluntarily and knowing acknowledge the existence of risks in connection with these activities, assume such risks, and agree to accept the responsibility for any injuries sustained by me in the course of or as a result of my use of the facilities and/or the equipment. More specifically, I acknowledge and accept risks including but not limited to the following:

1. The use of exercise equipment.
2. Accidents or injuries which occur within or about the W.R.D. Health and Wellness Fitness Center facilities.
3. Possible injuries or medical disorders arising out of my exercising at the W.R.D. Health and Wellness Fitness Center facilities, such as heart attack, stroke, heat stress, or other injuries which may arise such as sprains, broken bones, torn muscles, torn ligaments, etc., any of which may become apparent at the W.R.D. Health and Wellness Fitness Center or elsewhere.
4. I understand that the description of risks is not complete and that other risks, whether known, unknown or unanticipated, may result in injury, illness or death.

I recognize that risk of illness and injury are inherent in any exercise program and/or use of any exercise equipment and I am participating in W.R.D. Health and Wellness Fitness Center activities and/or using W.R.D Health and Wellness Fitness Center equipment and facilities upon the express agreement and understanding that I do hereby for myself, my heirs, executors, administrators and assigns waive and release the Town of Woodbridge and all of its elected and appointed officials, officers, agents, employees and volunteers from any and all claims, costs, damages, liabilities, expenses or judgements, including attorney fees and court costs, arising out of my use of the W.R.D. Health and Wellness Fitness Center and/or any illness, injury or loss resulting or arising therefrom.

I understand that it is recommended that participants consult with their physicians before engaging in any activities in the Woodbridge Recreation Department Health and Wellness Fitness Center.

I consent to emergency treatment.

I further understand and agree to comply with all policies, rules, and procedures regarding the use of equipment and facilities that are a part of the W.R.D. Health and Wellness Fitness Center.

In witness whereof, I have hereunto set my hand and seal this ____ day of

_____, 20____.

Witness by:

Participant Signature:

Print Full Name:

Phone Number: _____

Street Address: _____

Email Address: _____

Date of Birth: ____/____/____