Franklin Township, Warren County NJ Community Center
DEPARTMENT OF RECREATION
Exercise Activity
Liability Waiver

Exercise involves walking, running, bending, stretching, reaching, stepping, repetitive motion, general bodily exertion and other physical activities in close proximity to other people -- potentially hazardous activities which may include risks such as, but not limited to, falls, strains and sprains, exposure to communicable diseases, exposure to weather related elements, physical exertion and other known or unknown risks. In consideration of being allowed to participate in any event, I hereby expressly assume all risks, including personal injury and death, arising out of my participation in this activity.

I understand and agree it is my responsibility to provide and properly use any equipment deemed necessary for participation, and to ensure that all clothing is appropriate for this event. I am solely responsible for my own health and safety. I represent and warrant that I am physically fit and able to participate in this activity. I agree to stop and request assistance if I experience any symptoms such as, but not limited to, dizziness, excessive fatigue, shortness of breath, pain or any other conditions which would make it difficult or unsafe to continue.

I agree, for myself, my heirs, executors and administrators, to not sue and to release, indemnify and hold harmless, the facility conducting the activity, the instructor, and any of the suppliers of information or products used in the activity, from all damages, actions, claims and liabilities of any nature, specifically including, but not limited to, those arising from or related to exercising at the facility or at home, and related activities, and for any accidents and loss or damage to my property and person, to the extent not caused by the facility or instructor.

Signature _____
(Player/Participant or Parent/Guardian if player/participant is under 18 years of age)

Printed Name of Signee: _____

Player/Participant Name _____ (If under 18 years of age)

Date: _____

Release form for use by facilities and instructors facilitating exercise activities.