



Participant's Name: _____ **Date of Birth:** _____

****Participant Status:** Employee Relative of Employee Relative of Resident Community/Visitor

RELEASE OF LIABILITY AND ASSUMPTION OF RISK

In consideration for being allowed to use the Sollar Wellness Center, or SWC as referred herein, I agree not to sue or make a claim against New England Village, its employees, agents, contractors, affiliated and parent companies, and volunteers for any personal injury or property damage suffered by me while in the SWC, while participating in SWC activities, or as a result of participating in SWC activities.

I know the risk and danger to myself and my property while in the SWC, while participating in SWC activities, or as a result of participating in SWC activities. I assume all risk for loss, damage or injury to myself and my property if jointly caused by the negligent acts or omissions of New England Village (or any of its affiliated or parent companies), its employees, agents, contractors and volunteers, and myself.

This release and assumption of risk applies to all activities including, but not limited to, showering, weight lifting, walking, swimming, running, jogging, aerobics, exercising or preparing to exercise, playing any and all sports, using the Jacuzzi, any exercise equipment and weights. This release also applies to personal injuries or property damage resulting from any of the following acts or omissions of New England Village, its employees, agents, affiliated and parent companies and volunteers: failure to advise or train with respect to facilities or activities; failure to warn of any risk(s) with respect to facilities or equipment; failure to inquire regarding any person's medical condition; and failure to provide medical assistance or advice. This release also covers any negligent advice, training, supervision, inspection or repair, warning or direction, physical examination, medical assistance or advice; rescue or any other foreseeable act or omission of New England Village, its employees, Agents, affiliated and parent companies, contractors and volunteers.

I intend this release and assumption of risk to be interpreted as broadly and as inclusive as permitted by law to protect New England Village, its employees, agents, affiliated and parent companies, contractors and volunteers.

This release shall apply today and to all future dates on which I utilize the Sollar Wellness Center.

Participant's Signature/Parent or Guardian Co-Sign

Date

ADDITIONAL INFORMATION:

Are there any existing medical conditions we should be made aware of to ensure your health when you are using the facilities? Yes No

If yes, please list. _____

In Case of an Emergency, please list two people that we may contact:

1.) _____ Phone #: _____

2.) _____ Phone #: _____

Physician: _____ Phone #: _____