



## Health & Fitness Liability Waiver / Informed Consent Form

"I, \_\_\_\_\_, have chosen on my own free will to either participate in the Town of Harrisburg's health and fitness classes/program and/or to use town owned fitness equipment. I recognize that the classes/program and or use of the town owned fitness equipment may involve strenuous physical activity including, but not limited to, muscle strength and endurance training, cardiovascular conditioning and training, and other various fitness activities. I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or limit my participation in this exercise program and/or fitness equipment use. I acknowledge that my enrollment and subsequent participation is purely voluntary and in no way mandated by the Town of Harrisburg.

"In consideration of my participation in this classes/program and or use of the town owned fitness equipment I, \_\_\_\_\_, hereby release Town of Harrisburg and its agents from any claims, demands, and causes of action as a result of my voluntary enrollment and participation."

"I fully understand that I may injure myself as a result of my enrollment and subsequent participation in this program and/or fitness equipment use and I, \_\_\_\_\_ hereby release Town of Harrisburg and its agents from any liability now or in the future for conditions that I may obtain as a result of said participation and/or use of fitness equipment. These conditions may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, injuries to back, injuries to foot, or any other illness or injury that I may incur, including death."

I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.

\_\_\_\_\_ (Participant Signature)

\_\_\_\_\_ (Date)

\_\_\_\_\_ (Witness)