

**SENIOR L.I.F.E. CENTER**  
**ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY**  
**FOR GENERAL ACTIVITIES, SERVICES AND COVID**

**1. COVID**

I understand that I am signing a General Liability Waiver which is a release of claims form that bars any claims that I might bring against the Senior L.I.F.E. Center (hereinafter "The Center") for actions or services they provide and for COVID related matters.

The Center has implemented preventative measures to reduce the spread of COVID at The Center, however, The Center cannot guarantee that participants at The Center or their guests or others and any potentially exposed persons will not become infected with COVID. Further, participating in activities at The Center could increase your risk of contracting COVID.

By signing this agreement, I acknowledge the contagious nature of COVID and voluntarily assume the risk that I and other potentially exposed persons may be exposed to or infected by COVID by being present at The Center and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID at The Center may result from the actions, omissions or negligence of myself and others, including but not limited to employees, volunteers and program participants and instructors and their families at The Center.

I voluntarily agree to assume all the foregoing risks and accept sole responsibility for any injury to myself and other potentially exposed persons (including, but not limited to personal injury, disability and death), illness, damage, loss, claim, liability or expense of any kind that I or other potentially exposed persons may experience or incur in connection with my attendance at The Center or participation in programs hosted by The Center. On my behalf and on behalf of other potentially exposed persons, I hereby release, covenant not to sue, discharge and hold harmless, The Center, it's employees, agents, volunteers, assigns and representatives of and from The Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions or

omissions or negligence of The Center, its employees, agents or representatives, whether COVID occurs before, during or after participation in any of The Center's programs.

I hereby bind myself and my successors, executors and administrators to this Assumption of the Risk and Waiver of Liability and the terms contained herein. Further, the terms of this Assumption of the Risk and Waiver of Liability shall survive indefinitely.

I represent and warrant to The Center that in executing this Assumption of the Risk and Waiver of Liability and agreeing to the terms contained herein, I am acting for my own account, have made my own independent decision to enter into this Assumption of the Risk and Waiver of Liability which I have determined to be appropriate and proper for me based upon my own judgment and I am not unduly influenced or relying upon the judgment, advice or recommendation of The Center and I am capable of assessing the merits of and I understand and accept the terms, conditions and risks of this Assumption of the Risk and Waiver of Liability.

## **2. GENERAL WAIVER OF LIABILITY**

I understand that I am signing a General Waiver of Liability which is a release of claims that bars any non-COVID related claims that I might bring against The Center for actions or services they provide.

I hereby affirm that I am in good physical condition and do not suffer from any disability or condition which would prevent or limit my participation in activities and classes at The Center. I have been advised that an examination by a physician should be obtained by anyone prior to commencing a physical activity program or before initiating a substantial change in the amount of regular physical activity I normally have.

I hereby agree that I participate in activities and services at The Center at my own risk and I understand that it is my sole responsibility to participate in programs that are appropriate for my current health status. If I have any questions about the appropriateness of activities for my current health and safety, I understand it is my responsibility to ask my doctor.

I understand that programs at The Center are not medically supervised and exercise and other activities are led by instructors who work for The Center. I agree not to

hold The Center responsible for the actions or omissions of the independent instructors or other program participants.

I understand The Center may revoke my participation in Center activities at any time.

I understand that any activities involving physical movement involves a risk of injury, as well as abnormal changes in blood pressure, fainting or cardiac event, stroke or other serious disability or death. I am accepting such risks and volunteering to participate with full understanding of the dangers involved. In consideration of my participation at The Center, I waive and release The Center and its successors and assigns from any and all claims, costs, liability and expense for any injury, loss or damage, whether known, anticipated or unanticipated arising from my voluntary participation and enrollment.

I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS FORM IN ITS ENTIRETY AND FULLY UNDERSTAND IT. I UNDERSTAND THAT IT CONTAINS AN ASSUMPTION OF THE RISK AND RELEASE OF LIABILITY. BY SIGNING THIS DOCUMENT, I AM WAIVING RIGHTS THAT I OR MY SUCCESSORS MIGHT HAVE AND WILL BE BARRED FROM BRINGING LEGAL ACTION OR ASSERTING A CLAIM AGAINST THE CENTER.

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PARTICIPANT SIGNATURE

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PARTICIPANT PRINTED NAME

