

Knoxville Public Library Geri-Fit Waiver

Participant Name: _____

Participant Phone Number: _____

Emergency Contact and Relationship: _____

Phone Number: _____

Alternate Contact: _____

Phone Number: _____

I agree and consent to the following:

I am voluntarily participating in the Geri-Fit Classes held at and conducted by Knoxville Public Library. I recognize that the program requires physical exertion that may be strenuous at times and may cause physical injury or soreness.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the above mentioned program. I represent and warrant that I have no medical condition that would prevent my participation in the program. I agree that I will participate only if I am physically and mentally fit to do so, and I will immediately stop participation if I do not feel well. I understand that my participation in the program, even if done properly, involves a risk of injury to me. By signing this agreement, I acknowledge this risk of injury and I voluntarily assume this risk.

In the event that I am in need of emergency medical services, or other medical care, the instructor, or any employee of Knoxville Public Library has my consent to secure from any licensed hospital, physician, or any other medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I fully and unconditionally release the Knoxville Public Library and the City of Knoxville, Iowa from any claims resulting from or arising out of my participation in the program and agree that I will not bring, or allow anyone to bring in my name, any claims against Knoxville Public Library or the City of Knoxville, Iowa.

I have read and fully understand this agreement, and, by signing below, I assent to all the terms and conditions contained in this agreement. I understand that this agreement will be retained by the Knoxville Public Library.

Name:

Signature:

Date: