



LIABILITY WAIVER FORM

This is an important document that contains a waiver of certain legal rights.
Please read it carefully before signing.

I _____ (“I” or “Participant”) have voluntarily decided to participate in the following program(s) offered by Mary Lou Corcoran Physical and Aquatic Therapy, P.C., Sports Performance Center (“Company”):

- | | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Fitness and/or personal training | | Gym membership | |
| <input type="checkbox"/> | Nutritional counseling | | Pilates | |
| <input type="checkbox"/> | _____ | | | |

For myself and on behalf of any and all of my minor children (under age 18) and our heirs, personal representatives and assigns, with respect to any and all of us enrolled in the above program(s) offered by the Company, and in consideration of the Company’s permission for the Participant to participate in the program(s), I certify to the Company the following:

1. I understand all risks of injury or illness associated with participation in the program(s) and use of the facilities and equipment of the Company. Those risks include, but are not limited to, heart attacks, muscle injuries, broken bones, shin splints, heat prostration, injuries to back, feet and knees, or any other illness or injury that may occur, including death.
2. I am in good physical condition and do not suffer from any known disability or condition which would prevent or limit my participation in the program(s). I have been asked to complete a medical questionnaire for the Company which will be used solely for the purpose of assisting me to identify any risks from my participation in the program(s). I understand, however, that the Company shall bear no responsibility for my decision to participate in the program regardless of any risks that might be identified on my medical questionnaire and that the Company has recommended that I consult my physician before engaging in any activities that are part of the program(s).
3. On behalf of myself and my heirs, personal representatives and assigns, I hereby release, waive, covenant not to sue, and forever discharge the Company and its officers, directors, agents, and employees, from any and all claims, demands, rights, causes of action, judgments, costs and expenses (including reasonable attorneys’ fees) or other liability of whatsoever kind or nature resulting from my participation in or in any way connected with the program(s) and/or use of the facilities or equipment of the Company, including but not limited to, any and all bodily and personal injuries (including death) or damage to property.

In the case of an emergency please contact: _____ Phone: _____

I further certify that I am at least 18 years of age, or my parent or guardian has signed below, and that I, or my parent and/or guardian, have read this form carefully, understand it, and agree to be bound by its terms.

_____	_____	_____
Participant’s Name (Print)	Phone Number	Date of Birth
_____	_____	_____

Participant's Signature

Date

Parent or Guardian Signature

Date

(if participant is under age of 18)