

**Shelter Island UFSD / Town of Shelter Island
Liability Waiver and Release**

1. In consideration of being allowed to participate in the activities and programs of the F.I.T. Center and to use its equipment and machinery in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge the Shelter Island Union Free School District and the Town of Shelter Island and its officers, agents, employees and representatives and all others from any and all responsibilities or liability from injuries or damages resulting from my participation in any activity or my use of any equipment or machinery in the above mentioned activities. I do hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability from any injury or damage to myself, including those caused by the negligent acts or omissions of any of those mentioned or others acting on their behalf or in any way arising out or connected with my participation in any activities of the F.I.T. Center or the use of any equipment at the center.

2. I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death, and that I am voluntarily participating in these activities in using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risk of injury or death.

3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment and machinery. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in any exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise and the use of equipment and training equipment so that I might have his/her recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in activities and use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation in activities, and utilization of equipment and machinery in my activities.

Dated: _____

Printed name of Participant : _____

Signature of Participant: _____

(Participant's Parent's / Guardian's Signature if Participant is under the age of 18)

Additional signature required for family membership.

Dated: _____

Printed Name of Additional Participant: _____

Signature of Additional Participant: _____

(Participant's Parent's / Guardian's Signature if Participant is under the age of 18)