



CommonHealth Class

LIABILITY RELEASE AND WAIVER OF CLAIMS

I AM AWARE THAT MY PARTICIPATION IN THIS FITNESS CLASS INVOLVES RISK AND COULD RESULT IN INJURY, ILLNESS, OR EVEN MY DEATH. I AM AWARE THAT PERSONAL HEALTH AND ACCIDENT INSURANCE IS MY RESPONSIBILITY. I AFFIRM THAT I AM AWARE OF MY PHYSICAL CONDITION, AND THAT I DO NOT HAVE ANY MEDICAL OR PHYSICAL DISABILITY OR CONDITION THAT PRECLUDES MY SAFE PARTICIPATION IN THIS CLASS.

IN CONSIDERATION OF BEING ALLOWED TO PARTICIPATE IN THIS ACTIVITY, I HEREBY FOREVER RELEASE THE COMMONWEALTH OF VIRGINIA, THE COLLEGE, ITS BOARD OF VISITORS AND THEIR RESPECTIVE EMPLOYEES, AGENTS AND STUDENTS FROM ALL LIABILITY AND RESPONSIBILITY FOR ANY CLAIMS, LOSSES OR DEMANDS RELATING TO INJURY, DEATH OR DAMAGES TO MYSELF OR MY PROPERTY, WHICH MAY RESULT FROM, OR ARISE IN THE COURSE OF, SUCH ACTIVITY, INCLUDING CLAIMS, LOSSES OR DEMANDS CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE COLLEGE OR ANY OF THE ABOVE ENTITIES, EXCEPT TO THE EXTENT THAT SUCH INJURY, DEATH OR DAMAGES IS CAUSED SOLELY BY ANY OF THEIR GROSS NEGLIGENCE OR WILLFUL MISCONDUCT.

DESPITE THE RISKS AND DANGERS, AND HAVING READ AND UNDERSTOOD THIS FORM AND THE RELEASES AND WAIVERS CONTAINED HEREIN, I VOLUNTARILY AGREE TO PARTICIPATE IN THE FOLLOWING ACTIVITY, AND AM ASSUMING ANY RISK THAT MAY BE INVOLVED IN THIS ACTIVITY FROM MY PARTICIPATION:

PILATES WATER AEROBICS

BY MY SIGNATURE BELOW, I AGREE TO THE RELEASES AND WAIVERS CONTAINED IN THIS FORM.

SIGNATURE: _____

PRINTED NAME: _____

DATE: _____

EMAIL ADDRESS _____