

[Michlib-l] Yoga Participation Waivers, Compiled Responses

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- Previous message: [\[Michlib-l\] Staff Cellphone question & responses](#)
- Next message: [\[Michlib-l\] Follett Inventory Readers](#)
- Messages sorted by: [\[date \]](#) [\[thread \]](#) [\[subject \]](#) [\[author \]](#)

Greetings, all!

Some time ago many of you were kind enough to respond to my request for a participant release form/waiver of liability. A few people requested the compilation of responses, and at long last I can finally comply.

Thanks, again, for taking the time to help me out! The final form is the one my board recently approved.

-Sharon

Yoga Date:

WAIVER OF LIABILITY

In consideration of the valuable programs offered to me as a guest of the Grand Traverse County Senior Center Network (hereinafter "Senior Center"), I agree to all of the following terms and conditions:

(1) ACKNOWLEDGEMENT AND ACCEPTANCE OF RISKS AND RESPONSIBILITIES

I understand that participating in any program that involves physical activity or travel, including but not limited to sports, athletic, exercise, wellness, health, entertainment, social, or travel programs, involves certain risks and dangers including serious injury or death. I acknowledge that I am aware of these risks and accept all responsibility for any damages or personal injury that may occur as a result of my participation in such activities.

(2) RELEASE AND WAIVER OF LIABILITY

I agree to release Grand Traverse County and all of its elected and appointed officials, employees, volunteers, representatives and agents from any and all liability, claims, demands, actions or rights of action, including but not limited to claims for injury, wrongful death, property damage, stolen or lost property, which are related in any way to or are in any way connected with my participation in programs offered to me by the Senior Center.

I also acknowledge that the Senior Center sometimes employs independent contractors to provide its program services. The Senior Center does not assume responsibility for the actions of its independent program service providers. These program service providers serve as independent contractors and are not employees or agents of the Senior Center. Any damages resulting from their actions are the sole responsibility of the independent program service provider.

I also understand that this release of liability is binding upon not only myself but also my heirs, executors and assigns. My initials or signature below indicates that I have read this entire document, I understand it completely, and agree to be bound by its terms.

FITNESS OVER 50 Date:

WAIVER OF LIABILITY

In consideration of the valuable programs offered to me as a guest of the Grand Traverse County Senior Center Network (hereinafter "Senior Center"), I agree to all of the following terms and conditions:

(1) ACKNOWLEDGEMENT AND ACCEPTANCE OF RISKS AND RESPONSIBILITIES

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Informed Consent and Liability Waiver Release for Participation in Exercise Program

I agree and consent to the following:

I am voluntarily participating in the Roaming Readers Walking Club program conducted by the Eureka Public Library District. I recognize that the program requires physical exertion that may be strenuous at times and may cause physical injury, and I am fully aware of the risks and hazards involved.

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 to assume full responsibility for any risks, injuries, or damage known or unknown which I might incur as a result of participating in the program. Such injuries may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness, including death.

I knowingly, voluntarily, and expressly waive any claim I may have against the Eureka Public Library District for injury or damages that I may sustain as a result of participating in the program.

I, my heirs or representatives forever release, waive, discharge, and covenant not to sue the Eureka Public Library District for any injury or death caused by their negligence or other acts.

I have read the above waiver and release liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Date: _____

Signature

Print Name: _____

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I _____ (Participant) HEREBY AGREE TO THE FOLLOWING:

Participant is aware that participation in yoga may result in accident or injury. Participant assumes the risk connected with the participation in yoga and represents that Participant is in good health and suffers no physical impairment which would limit participation. Participant acknowledges that the instructor will not render any medical services including medical diagnosis of the Participant's physical condition. Participant specifically agrees the Kennebunk Free Library and its members shall not be liable for any claim, demand, cause of action of any kind resulting from or related to Participant's participation in the yoga class offered.

I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Susan Mirisola (Instructor) or the Kennebunk Free Library.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

_____, As Legal Guardian of
(Print Name)

_____(Participant), I consent to the above terms and conditions.

Date Signature of Parent/Guardian of Participant

Informed Consent and Liability Waiver Release for Participation in Exercise Program

I agree and consent to the following:

I am voluntarily participating in the Yoga program conducted by the Watervliet District Library.

I recognize that the program requires physical exertion that may be strenuous at times and may cause physical injury, and I am fully aware of the risks and hazards involved.

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 to assume full responsibility for any risks, injuries, or damage known or unknown which I might incur as a result of participating in the program.

I knowingly, voluntarily, and expressly waive any claim I may have against the Watervliet District Library for injury or damages that I may sustain as a result of participating in the program.

I, my heirs or representatives forever release, waive, discharge, and covenant not to sue the Watervliet District Library for any injury or death caused by their negligence or other acts.

I have read the above waiver and release liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Date:

Signature

Print Name: _____

Contact

information: _____

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Sharon Crotser-Toy
Director
Watervliet District Library

9/6/2018

[Michlib-l] Yoga Participation Waivers, Compiled Responses

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Connects People, Inspires Ideas, Transforms Lives

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 - Next message: [\[Michlib-l\] Follett Inventory Readers](#)
 - **Messages sorted by:** [\[date \]](#) [\[thread \]](#) [\[subject \]](#) [\[author \]](#)

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