

I, \_\_\_\_\_, request permission to use the fitness equipment at the West Seneca Senior Health and Fitness Center. I have been examined by a physician within the last twelve (12) months and have no reason to believe that use of fitness equipment will be hazardous to my health. I certify that I am in good physical condition, and have no medical or physical conditions that would restrict your use of the fitness center equipment. I understand that using the fitness center equipment involves rigorous physical activity and risks of physical injury and death, and I fully and without reservation assume these risks. I have received instructions in the correct use of fitness equipment and will abide by the posted, written, and verbal instructions regarding proper use in the facility. Before I use any equipment with which I may be unfamiliar, I will seek further information and instructions from the Center personnel. I hereby consent to emergency transportation and treatment in the event of illness or injury. I further accept responsibility for the payment of any emergency transportation or treatment.

I agree to release and otherwise hold the Town of West Seneca, its Senior Citizens Services Department and their agents and employees harmless, including, but not limited to, attorney's fees, costs, disbursements, and damages, from any and all claims, with respect to the use of any fitness equipment, machines, or related materials and which may arise as a result of or caused by any acts and/or omissions of the Town of West Seneca, the Senior Citizens Services Department and their agents and employees and/or any third party regardless of the nature of such claim, including, but not limited to, bodily injury, personal injury, property damage, and/or wrongful death arising out of or whatsoever in relation to claims sounding in intentional acts, gross negligence, recklessness, willful conduct, prima facie tort, breach of contract, fraud, misrepresentations, breach of implied contract, nuisance, negligence, strict product liability, strict liability, etc. I further agree to defend, indemnify and hold forever harmless the Town of West Seneca, its agents and employees from any and all liability, claims, suits or expenses (including attorney's fees) related in any way to my use of the West Seneca Senior Health and Fitness Center. I expressly agree that I have had an opportunity to review this document, consult with counsel and have been fully informed of my rights and responsibilities relative to all proceedings. I also acknowledge that I have carefully read this document, that I am entering into same with a full understanding of all terms and conditions and that my signing of this document is free and voluntary and further that I am not under duress or any obligation to do so.

By signing this form, I am acknowledging that I have read the WSSC Release of Liability and Assumption of Risk Agreement and the WSSC Code of conduct and agree to abide by it.

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_