



**Claremont Avenues for Lifelong Learning
Waiver and Release of Liability Agreement
for Physical Education Classes**



Name of Activity: _____

Name of Participant: _____

Address: _____ Phone #: _____

City, State, Zip: _____ Date of Birth: _____

I, _____, acknowledge that I have voluntarily chosen to participate in the above-referenced activity, and have full knowledge of the risks that this activity presents, including travel to, participation in, and returning from the activity.

I understand that by being permitted to participate in this activity, I agree to assume any and all risks of injury or death. I further understand and agree to assume responsibility for all risk of theft, loss or damage of personal property, that occurs at any time arising out of my participation in the activity.

I understand and agree that I have carefully read this agreement and fully understand all of its terms and conditions. I understand that this is a release of liability, that could legally prevent me from filing suit or making any other claim for damages in the event of death or injury. With this knowledge, I am entering into this agreement freely and voluntarily. I agree that it is binding upon my spouse, my heirs, my children, and me.

I have read this form, understand and agree with the terms of the waiver-and-release, provided all necessary information, and signed in the appropriate places.

Emergency Contact:

Name: _____

Address: _____

Telephone: _____

Signature Date

PLEASE NOTE:

The purpose of providing the following important information is to help us in the case of an emergency. Please fill out completely. List anything, that may help us in case illness or injury should occur. (It is recommended that you check with your physician prior to beginning any exercise program.)

