

**PARTICIPATION CONSENT AND WAIVER OF LIABILITY
PHYSICAL FITNESS PROGRAMS, BELMONT COUNCIL ON AGING**

The undersigned, being one of the participants in one or more fitness programs sponsored by the **Town of Belmont Office of the Council on Aging**, consents to participation at my own discretion to the voluntary fitness programs held at the **Council on Aging**. I have been appraised of and understand the nature of the activity and risks associated with it.

I also understand that the **Town of Belmont Office of the Council on Aging** and the **Town of Belmont** disclaim any responsibility for any losses or injuries to me or my property, even if due to the negligent performance or failure to perform by the aforementioned **Town of Belmont Office of the Council on Aging** and the **Town of Belmont** or their officers, agents, employees, representatives, instructors or assistants. I agree, in consideration of the services provided to me, to exempt the aforementioned, their officers, agents, employees, representatives, instructors or assistants from any liability to me for injury or losses relating from their negligence or that of their officers, agents, employees, representatives, instructors or assistants.

In signing this waiver, I do forever release and covenant to hold harmless the **Town of Belmont Office of the Council on Aging**, the **Town of Belmont**, their officers, agents, employees, representatives, instructors or assistants of and from any and all actions, cause of actions, claims, demands, damages, costs, losses, expenses on account of or in any way arising out of, directly or indirectly, all personal injuries or property damages which I may now or hereafter may have resulting from my participation in the aforementioned voluntary fitness program for senior citizens.

Participant's Signature _____ Date _____

Participant's Name (PRINT) _____

Participant's Address (PRINT) _____

Participant's Phone # _____

Witness's Signature _____ Date _____

Witness's Name (PRINT) _____

Witness's Address (PRINT) _____

Witness's Phone # _____