

Marquette Senior Center
Silver Sampler
Release of Liability Consent Form

Name _____

Date of Birth _____ T-shirt Size _____

Address _____ City _____ State _____ Zip _____ Twp _____

Phone _____ email _____

Emergency contact name & number: _____

1. Purpose and Explanation of the Program

The Marquette Senior Center Silver Program is a recreational program which will introduce participants to recreational activities in an outdoor setting. The Silver Sampler Program is not intended to be a prescriptive exercise program or otherwise construed as a fitness program.

2. Attendant Risk and Discomforts

There are inherent risks associated with all physical activity. Any type of physical activity may lead to heart attack, stroke or death, but this is unusual, especially in participants free of known coronary heart disease, free of any signs or symptoms of coronary heart disease and with few major risk factors of coronary heart disease. Strenuous exercise may result in acute muscle and or joint pain, pulled muscles, brief changes in blood pressure, light headedness, dizziness, and other discomforts. Participation in any of the activities should be suspended if any signs of illness, discomfort or injury are experienced. Notification of such an occurrence should be given to your group leader immediately

3. Responsibilities of Participants

To promote safety and benefit from your participation in this program it is important that you fully disclose any risk factors and symptoms you may be experiencing during the program. You should have any necessary medications with you during each event. Symptoms such as joint pain, irregular heart rhythm, tightness or pressure in your chest, unusual shortness of breath, light headedness, dizziness and the like. It is also important that you adhere to the recommendations of your physician with regard to participation in outdoor physically demanding activities, especially with regard to the choice and intensity of the exercise/event in which you participate. You should also not participate in an event if you are injured, sick, or otherwise not feeling well.

Please Read the Following Statements Carefully and Initial

_____ I acknowledge that I have read this form in its entirety or it has been read to me, and I understand my responsibility in the Silver Sampler Program in which I will be engaged. I accept the risks, rules and regulations set forth. Knowing these and having had an opportunity to ask questions which have been answered to my satisfaction, I consent to participate in the Silver Sampler Program.

_____ Furthermore, I, for myself and my heirs, fully release from liability and waive all legal claims against The City of Marquette, Marquette Senior Center, Program Staff and Volunteers for any injury or damage that I might incur during participation in the Silver Sampler Program.

Signature _____ Date _____

Witness _____ Date _____