



Blackstone Valley Physical Therapy Services, Inc

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ACTIVITY WAIVER

As a participant of the Wellness Program or associated classes or camps, I intend to and will engage in strenuous physical activities and classes on the premises. I hereby state that I have consulted with a physician and have been made aware of any all aspects of my training program. I hereby assume all risks, whether foreseeable or unforeseeable associated with said physical activities. I understand that these physical activities involve certain risk and exposure to personal injury, which risk and exposure I voluntarily assume for myself and any member of my family, including children. In consideration of mutual covenants contained herein and other good and valuable consideration, including the use of the facilities and the admission of members of my family including children, the receipt and sufficiency of which is hereby acknowledged, I hereby release in full and forever discharge the BVPTS, its Directors, Officers, Agents and Employees, whether acting officially or otherwise, on behalf of myself and any member of my family, our Representative Heirs, Executors, Administrators and Personal Representative from any and all claims, demands, or causes of action relating to or deriving from any injury to me or to any member of my family, including children during or arising out of the use the exercise equipment facilities or participation in events, including all risk connected therewith, whether foreseen or unforeseen. I have had the opportunity to review this document with a lawyer. I sign this document freely and voluntarily and under no undue influence. I fully understand that if I am physically injured while participating in the said Wellness Program, I hereby waive any and all claims, lawsuits, demands or causes of action against BVPTS.

I, _____ have read the preceding information and hereby agree to it.

Signature _____ Date: _____

Parent/Guardian Signature: (for ages 15 -17) _____

Address: _____

Phone: _____ E-mail: _____

Emergency Contact: _____ Contact Number: _____