



Pendleton Senior & Family Services, Inc.

PO Box 9, 365 Mill Road, Franklin, WV 26807

Phone: 304-358-2421 – Fax: 304-358-2422

www.psfsi.org

WAIVER OF LIABILITY

I understand and agree that my participation in any activity at Pendleton Senior and Family Services, Inc. (including use of exercise equipment) involves the risk of injury to myself whether caused by me or not. I understand that these risks can range from minor injuries to major injuries. In consideration of my participation in the activities and use of the facility, exercise equipment, or any services offered by Pendleton Senior and Family Services, Inc. I understand and voluntarily accept full responsibility on my behalf for the risk of injury arising out of or related to my use of the facility, participation in activities or use of exercise equipment or other services.

I further agree that Pendleton Senior and Family Services, Inc. their respective board members, director, employees, and agents will not be liable for any injury, including but not limited to personal or bodily injury, disability, or any further damage to myself resulting from negligent conduct by myself or any representative of Pendleton Senior and Family Services, Inc. related to any program/service that I choose to participate in.

Accordingly, to the fullest extent permitted by law, I do hereby release, waive, and discharge Pendleton Senior and Family Services, Inc. from any and all claims, demands, injuries, damages, actions, or causes of actions against Pendleton Senior and Family Services, Inc.

I further understand and acknowledge that Pendleton Senior and Family Services, Inc. does not manufacture fitness or other equipment, but purchases equipment; therefore, Pendleton Senior and Family Services, Inc will not be held liable for defective products or equipment.

I consent to the above, as indicated by my signature below:

Print Name	Signature	Date
------------	-----------	------

Witness Name	Signature	Date
--------------	-----------	------

EMERGENCY CONTACT INFORMATION:

Name: _____ Phone: _____