AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I, _____, hereby agree to the following:
　　　　　　(Print Name)

1. That I am participating in an exercise program(s) offered by an instructor(s) at the Hauppauge Public Library, during which I will receive information and instruction about health and fitness. I recognize that these classes require physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.

2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any exercise program. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in an exercise program.

3. In consideration of being permitted to participate in exercise classes, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program.

4. In further consideration of being permitted to participate in this exercise program, I knowingly, voluntarily and expressly waive any claim I may have against the instructor at the Hauppauge Public Library (or alternate location pre-determined by the library) for injury or damages that I may sustain as a result of participating in the program.

5. I, and my heirs or legal representatives also knowingly, voluntarily and expressly waive any claim I may have against Hauppauge Public Library, the Library Trustees and the Library staff for injury or damages that I may sustain as a result of participating in the program and I forever release, waive, discharge and covenant not to sue the Hauppauge Public Library, the Library Trustees and the Library staff or instructor for any injury or death caused by their negligence or other acts.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

DATE _____

SIGNATURE OF PARTICIPANT_____

Library Card Barcode: _____