

LIVINGSTON COUNTY
DEPARTMENT OF HEALTH

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Public Health Director

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"IMPROVED QUALITY OF LIFE TODAY, FOR A HEALTHIER TOMORROW"

RELEASE OF LIABILITY
EXERCISE ROOM & OTHER FITNESS ACTIVITIES

I have consulted with my primary care physician and have received his/her authorization to participate in the following types of exercise activities at the Livingston County Department of Health Facilities and on the grounds of the County Campus site:

- _____ Walking/Hiking
- _____ Climbing Stairs
- _____ Use of Weight/Strength-Training Equipment
- _____ Use of Aerobic Training Equipment
- _____ Dance/Exercise Classes
- _____ Competitive Basketball
- _____ Other Types of Physical Exercise Activities

I understand that there is a risk of injury if I choose to participate in any of these activities, and I assume the risk. I understand that participation in these activities is voluntary, and that it is my responsibility to limit my activities to those my physician has approved. I hereby release the Livingston County Department of Health, and the County of Livingston – to the fullest extent permissible by law – from all losses, claims, damages and causes of action I may incur as a result of my participation in fitness/wellness/exercise activities or equipment use in connection with fitness activities at the Livingston County Department of Health Facilities and on the grounds of the County Murray Hill site.

Applicant Name (Print): _____

Applicant Signature: _____ Date: _____

Witness Name (Print) _____

Witness Signature: _____ Date: _____

Public Health Director's Approval: _____ Date: _____