## CARROLL TOWNSHIP, PERRY COUNTY COMMUNITY CENTER CLASS WAIVER

I am aware that I am engaging in physical exercise and that exercise, the use of community center facilities, training and instruction could cause injury to me. I am voluntarily participating in these activities and assume all risks of injury that might result. I agree to waive any claims or rights I might otherwise have to sue Carroll Township, its officers, employees, instructors or agents for injury as a result of these activities. I have carefully read this waiver which states that I assume all risks of injury. I am hereby advised that I should be sufficiently physically fit for exercise activities and should have consulted a physician prior to undertaking a physical exercise program.

Further, I accept responsibility for my use of any and all apparatus, appliances, facility, privilege or service whatsoever, owned and operated at this community center at my own risk, and shall hold this facility, its officers, employer's representatives, instructors and agents harmless from any and all loss, claim, injury, damage, or liability sustained or incurred by me resulting therefrom.

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