

Agreement of Release and Waiver of Liability

In consideration of gaining membership and/or permission to participate in the activities, programs and/or services of HANCOCK WELLNESS CENTER and to use its facilities, premises, equipment and machinery, I, on behalf of myself, my heirs, personal representatives, or assigns, do hereby **release**, waive, forever discharge and covenant not to sue **HANCOCK WELLNESS CENTER, Hancock Regional Hospital and all of each entities' directors, officers, employees, volunteers, independent contractors, agents, and all others (hereinafter collectively referred to as HANCOCK)** from any and all responsibilities or liability for injuries or damages resulting from my use of the facilities or premises or otherwise from my participation in any activities offered by HANCOCK or my use, for which I have incurred the risk of use of their equipment or machinery made available by HANCOCK or engaging in any other services offered by HANCOCK or arising out of my voluntarily participation in any activities conducted at a facility owned, managed or otherwise run by HANCOCK. I have read and understand the contents of the PAR-Q questionnaire. I understand if I decline the PAR-Q pre-activity screening or answer YES to any of the PAR-Q questions, I know that I am willingly participating at Hancock Wellness Center at my own risk.

I have read this agreement in full, understand its contents and voluntarily sign up.

Legal Name _____ Birth date _____
Address _____
City/State _____ Zip _____
Guest Signature _____ Date _____
Guardian _____ Date _____

Required if participate is under age 18