

**Gloucester County Library System
Agreement of Release and Waiver of Liability
Gloucester County Library System
General Release and Waiver of Liability**

I, _____(printed name), hereby agree to the following:

1. That I am participating in the Yoga, Pilates, Tai Chi, Physical Fitness, Health Programs, or other workshops offered by Gloucester County Library System with headquarters at 389 Wolfert Station Road, Mullica Hill, NJ 08062, during which I receive information and instruction about yoga, and various exercise related programs. I recognize that yoga and any exercise class requires 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 yoga and other exercise programs.
3. In consideration of being permitted to participate in yoga and exercise classes/programs or workshops, 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 yoga and exercise related classes, health programs or workshops, I knowingly, voluntarily and expressly waive any claim I may have against Gloucester County Library System, GCL Commission, Director, Employees, Officers, Agents, Representatives, Lessees, Instructors, or anyone acting on their behalf, for any loss, injury, or damages that I may sustain as a result of participating in any program or class.
5. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue Gloucester County Library System, GCL Commission, Director, Employees, Officers, Agents, Representatives, Lessees, Instructors, or anyone acting on their behalf, for any loss, injury, or death caused by their negligence or other acts.

SIGNATURE OF PARTICIPANT

DATE

PRINTED NAME

If participant is under age 18:

AS LEGAL GUARDIAN OF _____,

I CONSENT TO THE ABOVE TERMS AND CONDITIONS.

SIGNATURE OF PARENTS/GUARDIAN OF PARTICIPANT

DATE

WITNESSED BY:

SIGNATURE

DATE