RELEASE OF FUTURE CLAIMS/HAZARDOUS ACTIVITY

I, the undersigned, am aware that the use of the exercise room and exercise equipment therein, as furnished by the Golden Rain Foundation at Seal Beach Leisure World ("GRF"), is a hazardous activity and I am voluntarily participating in such activity through the use of such machines with knowledge of the dangers involved, and hereby agree to accept and fully assume any and all risk of property damage, personal injuries or death.

In consideration of the consent of GRF to permit me to use the exercise room and exercise equipment therein, I hereby release, waive and hold harmless GRF and its officers, directors, employees, agents, instructors and volunteers from any and all present and future claims, including claims of negligence, for property damage, personal injuries, or wrongful death arising from my use of the exercise room and exercise equipment therein.

I understand that the use of the exercise room and exercise equipment therein involves certain risks, including, but not limited to, physical contact with other participants, pulled muscles, broken bones and/or vertebrae, serious neck and brain damage, paralysis, serious personal injuries and/or death. I further understand that the use of said exercise room and equipment involves a particularly high risk of injury to the limbs, head, and neck, and injury thereto.

I further understand that the exercise room and the use of the exercise equipment does not provide for medical assistance on site, or medical support, and I nevertheless agree to proceed with such activities in the use of said equipment in spite of the absence of medical assistance or support. I also understand that any equipment provided for my protection may be inadequate in preventing serious injuries or death.

I have read this form and fully understand that by signing this form I am giving up the legal rights and/or remedies which might be available to me.

Executed at Seal Beach, California, this _____day of _____, _____

Resident's Name (please print)_____

Signature of Resident_____

Mutual No._____Apt. #_____Ph. #_____

Attendant_____

Document History
Adopted: 27 Oct 20

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