



THE WESLEY COMMUNITY

J. Brian Nealon, CEO

OUTPATIENT THERAPIES

www.thewesleycommunity.org

Wesley Outpatient Therapy Department Independent Aquatic Program – MEDICAL WAIVER

I acknowledge and understand that my use of The Wesley Community’s pool exercise program is a potentially hazardous activity and I further understand that my participation in The Wesley Community’s pool exercise program may involve a risk of injury or even death. I further acknowledge that I have discussed the possible risks of an exercise routine with my physician.

I acknowledge that I am voluntarily assuming any and all risk for any injury that I may sustain as a result of my participation and/or use of The Wesley’s exercise equipment. I further acknowledge and understand that The Wesley Community shall not be liable or responsible for any injury which I may suffer as a result of my participation.

In this regard, I hereby release The Wesley Community, its directors, officers and employees from any and all liability for any personal injuries, including death, sustained by me in connection with my participation and/or use of The Wesley Community’s pool exercise program.

IN WITNESS WHEREOF, I have signed this Release on the _____ day of _____, 20____.

Participant’s Signature

Date of Birth

Print Full Name

Telephone Number

Participant’s Full Address

Witness Signature

Print Last Name

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