Waiver of Liability

As a member of the Regional Therapy Center (RTC) Health and Fitness Gym, a service of Saratoga Hospital, and using its facilities and equipment, I agree that I am doing so at my own risk. Although exercise induced adverse health risk may be low, I understand that there remains an inherent serious risk to my health and well-being by participating in exercise or any physical activity. I further understand and acknowledge that the use of gym equipment and exercising at the RTC Health and Fitness Gym involves risk of personal injury, including, but not limited to, risk of musculoskeletal injury, heart attack, and respiratory distress.

With this knowledge, I expressly agree that all exercises and use of all equipment and facilities of the RTC Health and Fitness Gym shall be undertaken by myself at my sole risk and that Saratoga Hospital of Saratoga Springs, NY and its employees and agents shall not be liable for any claims, demands, injuries, damages, actions or causes of action what-so-ever to myself or my property arising out of, or connected with the use of, services or facilities of the RTC Health and Fitness Gym.

I hereby expressly forever release, discharge and hold harmless The Saratoga Hospital from all responsibility of such demands, claims, injuries, damages, actions, and causes of action.

I certify that, to the best of my knowledge, there is nothing preventing me from engaging in an unsupervised exercise or physical activity program.

______________________________  __________________________
Member Printed Name               Date

______________________________  __________________________
Member Signature                 Date

______________________________  __________________________
Witness                          Date