



Westport Center for Senior  
Activities  
21 Imperial Avenue  
Westport, CT 06880

**Agreement and Assumption of Risk**

I, \_\_\_\_\_ acknowledge that I am participating in the Westport Center for Senior Activities (WCSA) exercise programs, classes, and events, of my own free will, and I assume all risk and take responsibility for any injury I may suffer while participating in these programs, whether on-site, at an off-site location, or remotely. This Agreement and Assumption of Risk shall apply to all past, present, and future WCSA programs, classes, events, whether on-site, off-site, or remote.

I hereby represent to the WCSA that I am not receiving medical treatment for any condition that might be aggravated or compromised by my participation in the WCSA's exercise programs, classes, and events. I understand that the WCSA is relying on this representation in allowing me to participate in these exercise programs, classes, and events.

I am aware that the performance of exercise may involve certain inherent risk of accident or injury. By choosing to participate and with full knowledge of these risks, I hereby agree to personally assume all risks resulting from, arising out of, or in any way connected with, my participation in the WCSA's exercise programs.

In consideration of being allowed to participate, I hereby release, agree not to sue and forever discharge, and by this document do for my heirs, executors, and administrators release, agree not to sue and forever discharge, the WCSA, The Town of Westport, Connecticut, and their respective employees and agents, and any independent contractors hired on their behalf to provide the programs, classes, and events offered by the WCSA, from any actions, claims, liabilities, damages, or losses which I now have or may incur as a result of my participation, whether on-site at the WCSA, at an off-site location, or remotely, or any activities incident thereto. Further, I hereby agree to indemnify, defend and hold harmless the WCSA, the Town of Westport, and/or any of their employees, agents or volunteers from any claims, losses, causes of action, suits, costs and expenses (including, but not limited to, court costs and attorney fees) or other damages resulting from any injury, in any way associated with or resulting from my participation in the WCSA's programs, classes, and events, whether on-site at the WCSA, at an off-site location, or remotely.

I have carefully read this document and fully understand its contents and effects. I have signed it of my own free will.

\_\_\_\_\_  
Date Participant Name Participant Signature

\_\_\_\_\_  
Address State Zip

\_\_\_\_\_  
Phone Number Home Cell