



**WAIVER OF LIABILITY**

I, \_\_\_\_\_, have enrolled in an exercise program offered by Santa Clara Valley Medical Center and Valley Health Plan.

I understand that exercise may involve strenuous physical activity and that it may include direction by the instructor. I am voluntarily participating in these activities with knowledge of the dangers involved. In consideration for my participation in this program, I accept any and all responsibility for and assume the risk of any and all injury and damage to myself, which might arise either directly or indirectly, through my participation.

I, \_\_\_\_\_, hereby release the County of Santa Clara, its employees, agents and contractors from any liability whatsoever now or in the future arising from my participation in the program. I hereby agree that I, my assignees, heirs, guardians, and legal representatives will not make a claim against or sue the County of Santa Clara on account of injury or damage resulting from my participation in the exercise program. I hereby release the County of Santa Clara from all actions, claims, or demands that I, my assignees, heirs, guardians, and legal representatives now have or may later have for injury or damage resulting from my participation in the exercise program.

I hereby affirm that I am in good physical condition and/or that I have informed the instructor of any health problems, which would limit my participation in this program. I have read and understood the above.

\_\_\_\_\_  
Signature Date

Name (please print full name ): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

If County employee:  
Work Phone:(\_\_\_\_)\_\_\_\_\_ Work Location: \_\_\_\_\_

**Class Name:**  
**Class Day:** M T W Th F Sa  
(circle)