



Incorporated 1787

Senior Center Director

FITNESS CLASSES RELEASE WAIVER

I, _____ undertake all activities in connection with the fitness classes at the Weston Senior Activities Center with full knowledge of the risks and danger associated with these activities and I understand that by participating in this class remotely, there is no in-person supervision of my activities and I accept all of the risks associated with this. I agree to hold harmless the Weston Senior Activities Center, the Town of Weston, and/or any of their employees, agents or volunteers in case of accident or injury as a result of my participation in the fitness classes.

I have read this waiver and I understand all its terms. I have signed this waiver voluntarily and with full knowledge of its significance.

SIGNED: _____ DATE _____