BOROUGH OF PARK RIDGE

53 Park Avenue
Park Ridge, NJ 07656

RECREATION &
CULTURAL COMMITTEE
(201) 573-1800 Ext. 521
FAX: (201) 391-7130
Website: www.parkridgeboro.com

RELEASE OF LIABILITY

FOR PARTICIPATION IN PARK RIDGE RECREATION CHAIR YOGA PROGRAM

I,_____, hereby acknowledge and agree to the following, as a condition of participation in any Park Ridge Recreation and Cultural Committee program:

1. My involvement and/or participation in a Park Ridge Recreation program is voluntary, and I am acting under my own free will.

2. There is a risk of danger, bodily harm, injury, or death because of my participation and there is the potential for risks and dangers that may not be obvious or reasonably foreseeable at this time.

3. I do not have any medical ailments, physical limitations, or mental disabilities that will prevent my participation in the Park Ridge Recreation program, with or without reasonable accommodations.

4. The Borough of Park Ridge undertakes no direct legal or financial responsibility for my personal safety or well-being when I am participating in a Park Ridge Recreation program.

5. I forever release the Borough of Park Ridge from all claims and causes of action that I or my representatives now have or may have in the future for personal injury, property damage or wrongful death occurring to me, arising out of the participation in the Park Ridge Recreation and Cultural Committee program.

6. I am 100% liable for all medical expenses incurred because of any injury or property damage during my participation in a Park Ridge Recreation program.

7. If any one or more of the provisions of this agreement shall be held to be invalid, illegal, unenforceable or in conflict with the law according to the jurisdiction of the State of New Jersey, the remaining portions will not be invalidated and shall remain in full force and effect.

8. This is a legally binding contract, but it is not meant to renounce any claims or defenses that are legally prohibited.

I attest that I have read and understand this document and agree to all provisions listed above.

Name and Phone Number _____

_____ _____

Signature and Address Date