

**Three Pillars Wellness Connection
Program/Group Exercise Registration
Please complete and sign at the bottom**

WELLNESS CONNECTION STAFF	
Participant #:	Registration Date:
Type: Community Resident Employee	
Receipt: \$ _____ for class fees made by (circle one) cash check employee payroll resident bill	
Please make checks payable to MCHR	

Participant Name: _____

Session Dates: _____ through _____

Program/Class: _____ Class Fee: _____

Program/Class: _____ Class Fee: _____

Complete the following only if you **are not** a monthly participant of the Wellness Connection or have not previously completed for a previous class:

Address _____

City _____ State _____ Zip _____

Date of Birth ____/____/____ Phone _____ Email _____

Liability Release and Assumption of Risk

Masonic Center for Health & Rehab, Inc., in doing business as Three Pillars Wellness Connection (hereinafter sometimes referred to as "The Connection"), is a senior wellness facility consisting of fitness facilities, entertainment, social, and relaxation facilities, and fitness and athletic equipment and resources (together, the "Facilities"). I acknowledge that all fitness, athletic and recreational activities (together, the "Activities") CAN BE POTENTIALLY HAZARDOUS ACTIVITIES. I understand the mental and physical requirements necessary for such Activities and state that I have no medical condition or disability that prevents me from safely participating in such Activities. I understand that the risks associated with these activities include, without limitation, theft of personal property, falls, body contact, collisions with objects and/or individuals, physical exhaustion, adverse changes in medical condition, skin and eye irritation, exposure to allergenic food products, and burns that may result in property damage, personal injury and/or death. I acknowledge that it is exclusively my responsibility to seek from my own physician a medical evaluation and clearance before I engage in physical activity of the type offered by The Connection and periodically thereafter. I understand The Connection and its employees and agents are not medical professionals and any advice or information provided by the foregoing shall not be construed as medical advice. I understand that there may be no employees or attendants present while I use the Facilities. I also represent that any Activities, exercises or exercise techniques that I choose to utilize are strictly of my own selection and are not chosen in reliance upon any advice or representation of any agent or employee of The Connection.

I agree to: (i) adhere to all rules published by The Connection and to instructions and warnings issued by any personnel of The Connection with respect to my participation in any Activity or the use of the Facilities or any portion thereof; (ii) act within the limits of my ability and/or physical condition; (iii) maintain control of myself, my guests, and the equipment which any of us may be using in connection with any Activity; (iv) at all times refrain from conduct which may cause or contribute to the injury or death of myself or other persons and/or to the damage or loss of any property and (v) refrain from using any piece of equipment with which I am not completely familiar.

In consideration of the opportunity to use the Facilities and to participate in the Activities, I hereby assume all risks associated with my use of the Facilities. On behalf of myself, my heirs, personal representatives, assigns, agents and attorneys, I further agree to and hereby RELEASE and agree to HOLD HARMLESS Masonic Center for Health & Rehab Inc., Wisconsin Masonic Home, Inc., Village on the Square, Inc., its officers, agents, representatives, employees, subcontractors, volunteers, successors and assigns, from all claims, liabilities, damages, actions and causes of action arising from or in relation to my use of the Facilities and/or my participation in Activities.

For Minors- I state that I am the Parent/Guardian of the Minor and have full authority, except as limited by law, to enter into this release and agreement.

I STATE THAT I HAVE CAREFULLY READ AND FULLY UNDERSTAND THE CONTENTS OF THIS RELEASE. I WAS GIVEN THE OPPORTUNITY TO DISCUSS THIS RELEASE WITH MASONIC CENTER FOR HEALTH & REHAB, INC. I EXECUTED THIS RELEASE OF MY OWN ACCORD AND FREE WILL.

I understand and agree to all provisions of this Liability Release and Assumption of Risk.

Participant

Date