



MFS Fitness Center
Moorestown Friends School
110 East Main Street
Moorestown, New Jersey 08057

LIABILITY WAIVER

Student's Personal Information:

Name: _____ Date of Birth ____/____/____

Address: _____

City/State/Zip: _____

Emergency Contact Person: _____

Emergency Phone: _____

Relationship to Emergency Contact: _____

I, the undersigned, am aware that I am bound by the rules for use of the Fitness Facility as set forth by Moorestown Friends School. I, the undersigned, being aware of my own health and physical condition, and having knowledge that my participation in any exercise program may be injurious to my health, am voluntarily participating in physical activity at Moorestown Friends School Field House.

In consideration for the use of the Fitness Center I hereby assume entire responsibility and liability and release **Moorestown Friends School** and its representatives, agents, and successors from liability for accidental injury or illness which I may incur as a result of participating in physical activity. I hereby assume all risks connected therewith and consent to participate in said program.

Print Student Name

_____ Date ____/____/____
Student Signature

Print Parent/Guardian Name

_____ Date ____/____/____
Parent/Guardian Signature