



Hamilton Sports Medicine

LIABILITY WAIVER

Name: _____ Phone: _____

Address: _____

City/State/Zip: _____ Email: _____

Age: _____ Gender: M / F (Circle One) Activity: _____

I agree and understand that my presence and participation in all activities, exercise, clinics, classroom activities, and use of equipment and facilities provided by Hamilton Sports Medicine ("HSM") is voluntary. I agree and understand that all activities, exercise, clinics, classroom activities, and use of equipment and facilities provided by HSM are undertaken at my sole risk. I assume all risks that might arise from my participation in any of the foregoing HSM activities or from my use of any of the foregoing equipment or facilities provided by HSM. HSM shall not be liable for any claims, demands, injuries, damages, actions, or causes of action arising out of my use of HSM. I forever release, indemnify, and hold harmless Hamilton Sports Medicine, Bradley Whiteside Rehabilitation, Bradley Wellness Center, Hamilton Medical Center, Inc., and Hamilton Health Care System, Inc., and their officers, directors, agents and employees from any and all liability. I affirm that my state of health permits me to participate in HSM activities, and I agree to abide by all rules and policies and use good personal judgment at all times while participating in HSM activities and using equipment and facilities provided by HSM.

Participant's Signature
(under the age of 18, parental consent required)

Date

Approved By (staff initial): _____

Hamilton Sports Medicine
Bradley Wellness Center
1225 Broadrick Drive
Dalton, GA 30720
706.217.CARE (2273)



HamiltonHealth.com/Sports-Med