

Bradley Wellness Center
Guest Liability Release

Name _____ Phone # _____

Address _____ Apt # _____ City _____

State _____ Zip _____

Birthday _____ Age _____ Gender M / F

Employer _____ Email _____

Guest of _____

I understand that all activities, exercise, and use of equipment and facilities at the Bradley Wellness Center are undertaken at my sole risk, and the Center shall not be liable for any claims, demands, injuries, damages, actions or causes of action arising out of my use of the Center. I forever release, indemnify and hold harmless Bradley Wellness Center, Hamilton Health Care System, Inc., and their agents and employees from any and all liability. I affirm that my state of health permits me to participate in Center activities and I agree to abide by all of the rules and policies, and use good personal judgment at all times while on Center property.

Guest Signature

Date

Approved By: _____

FOR OFFICE USE ONLY: Call _____ Letter _____ Packet _____ Bronto _____