



Bradley Wellness Center Guest Liability Release

All Fields Required

Name _____ Phone _____

Address _____ City _____ ST _____

ZIP _____ Birthday _____ Age _____ Gender: M/F

Employer _____ Email _____

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 the Center property.

The undersigned hereby gives permission to Hamilton Health Care System, Inc., and its Affiliates to use the undersigned's and the undersigned's minor child(ren)'s voices, quotes and physical likenesses for promotional and marketing purposes, including, but not limited to, televised broadcast, radio broadcast, audio/video recording, internet placement, intranet placement, news story, marketing materials, or print advertising. The undersigned waives any rights, claims or interests the undersigned may have in controlling the use of the identity or likeness of the undersigned or the undersigned's minor child(ren) in the photographs, broadcasts, or audio or video recordings and the undersigned agrees that any uses described herein may be made without compensation.

Guest Signature

(if under age 18, parental consent required)

Date

GUEST OF _____ **COPY OF ID**

Approved By (staff initial): _____ Promotion/Method of Payment: _____

For Office use only: CALL _____ LETTER/PACKET SENT _____

Notes _____
