



Woodlands Foundation Inc.
Wellness & Recreation Programs

134 Shenot Road Wexford, PA 15090
Ph. 724-935-6533 Fx. 724-935-0056

Date

Name of Participant and Parent/Guardian (if applicable)

Street/P.O. Box

City

State

Zip

Home Phone

Work/Cell Phone

E-Mail Address

Emergency Contact Person/Relationship

Emergency Contact Home Phone

Work/Cell Phone

Please remember:

- All participants must be medically stable before engaging in the program(s) which they enroll. It is strongly recommended that participants consult their physician before engaging in activity to ensure that it is medically advisable for the participant to participate in the program(s).
- Participate in exercise and recreational programs at your own pace. Talk to your program instructor about the exercise/activity level that is best for you.
- To prevent falls, non-slip footwear is strongly encouraged for all aquatic participants in the Aquatic, Wellness, and Lodge areas.
- Read and abide by all Woodlands' facility/program rules and policies.

Consent and Release

In consideration for allowing me/my child to participate, I hereby assume all risk associated with participating in recreational activities and use of the facilities and amenities at the Woodlands. I agree to hold harmless and indemnify the Woodlands Foundation, Inc., and its employees, and do hereby release and forever discharge Woodlands Foundation, Inc. and its employees, from all liability, causes of action, suits, debts, damages, claims, or demands of any nature whatsoever which may arise in connection with me/my child participating in any activity while at the Woodlands. The terms hereof serve as a release and assumption of risk for my heirs, estate and all members of my family.

The Consent and Release signature will be valid from January 1, 2010, to December 31, 2010. Any changes in medical status during this time should be brought to the attention of the respective Woodlands program manager.

I, as the individual/parent/legal guardian, have read the above consent and release and understand its terms. I understand that participation in any activity in a recreational environment presents risk. By signing this consent I agree to release the Woodlands Foundation, Inc., and its employees from all liability.

Signature of participant or parent/guardian if participant is a minor

Date