

Legal Release Form

I understand that I am participating in all activities and trips at my own risk. I acknowledge that I am aware that the Center strongly recommends that I consult a physician before participating in a new physical activity that is of a more rigorous nature than I am accustomed to, or a trip which will require walking short, moderate or long distances, ascending and descending stairs use of ramps, escalators and elevators.

I hereby release Piscataway Township, The Department on Aging, The Piscataway Senior Center and their officials, directors, employees and agents from any liability or claims for personal injury, death or property damage arising out or in any way connected to my participation in the Piscataway Senior Center activity or trip.

Signature _____

Date_____

Print Name_____

Address_____

Date of Birth_____ **Phone Number** _____