

Mary Free Bed Wheelchair & Adaptive Sports Liability Waiver

Please note: if a person is under 18 years of age, parent or legal guardian must sign this form.

I, the undersigned (participant), being of lawful age or have, of my own accord, chosen to participate in Mary Free Bed programming. I am being permitted to participate at my own risk and assume full responsibility for any injuries or damages that may occur to me or my equipment during or in transit to and from the program(s).

In consideration of being allowed to participate in MFB programs, I, the undersigned, for myself, my heirs, my successors and assignees, agree to indemnify and forever hold harmless Mary Free Bed Rehabilitation Center, Mary Free Bed directors, officers, members, agents, and employees, and their respective agents, successors, legal representatives, heirs and legatees and each of them from and against any and all claims suits, damages, losses, expenses (including attorney fees), and liabilities which they or any of them may occur to be subjected to in any way be reason of, arising out of, or related to my participation, including my equipment or provided equipment and travel to and from programs, excluding any claims arising out of the negligence of the MFB leaders or otherwise of the program.

I am in good health and may participate in wheelchair/adaptive sports. My activity should not be limited or participation hindered because of any physical ailment. I realize that any sport may cause an individual serious injury and the participation in any sport is an acceptance of some risk of injury. If any emergency arises involving my physical well-being. I give MFB full permission to protect and assist me as deemed necessary. I will agree to pay any medical expenses or any other expenses related to my participation.

I certify my signature (below) signifies consent with this release.