

Mary Free Bed Wheelchair & Adaptive Sports Liability Waiver

****Please note:** If a person is under 18 years of age, a 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 Rehabilitation Hospital programming.

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 Mary Free Bed full permission to protect and assist me as deemed necessary.

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). I will agree to pay any medical expenses, or any other expenses related to my participation.

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

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