



Waiver and Release Form

I acknowledge that my attendance at the AtlantiCare LifeCenter, including without limitation my participation in any of the LifeCenter's programs or activities and use of the LifeCenter's equipment and facilities, and transportation provided by AtlantiCare, could cause injury. In consideration of my participation, I hereby assume all risks of injury which may arise from my attendance at or use of the LifeCenter or its equipment, activities, facilities: and agree, on behalf of myself and my heirs executors, administrators and assigns, to fully and forever waive, indemnify, hold harmless, release and discharge the LifeCenter and its affiliates and all their respective officers, directors, employees, agents, successors and assigns, and each them from any and all claims, damages, demands, rights of action or causes of action, present of future, known or unknown, anticipated or unanticipated, resulting from or arising out of my attendance at or use of the LifeCenter or its equipment, activities, facilities, or transportation.

Print Name: _____ Date: _____

Signature or Parents Signature (if under 18y): _____