



HEALTH AND HUMAN SERVICES DEPARTMENT

Pueblo de San Ildefonso
02 San I Senior Rd, Building B.
Santa Fe, NM 87502
Phone: (505) 455-4114 or (505) 455-4115



Community Wellness Center Liability Waiver & Release of Claims

1. Participant Information

Full Name: _____

Date of Birth: ____ / ____ / ____

Phone Number: (____) ____ - ____

Email Address: _____

2. Waiver of Liability

I, the undersigned, acknowledge and understand that participation in any and all activities, programs, classes, or events held at or through the Community Wellness Center may involve **physical exertion, use of fitness equipment, and potential risks of injury or illness**, including but not limited to:

- Sprains, strains, fractures
- Medical complications
- Accidental injuries
- Exposure to contagious illnesses

I freely and voluntarily assume all risks associated with my participation.

3. Release of Liability

In consideration of being permitted to participate in Wellness Center activities, I agree to the following:

- I hereby **release, waive, discharge, and hold harmless the Pueblo**, its government, employees, volunteers, health staff, program instructors, and representatives from **any and all liability**, claims, demands, actions, or causes of action whatsoever related to any **loss, damage, or injury**, including death, that may be sustained by me or any of my dependents while participating in or attending programs, whether supervised or unsupervised.
- I understand this waiver applies to **all present and future activities**, whether occurring on Pueblo property, off-site facilities, or during transport.

4. Medical Disclaimer

I certify that I am physically fit and have no known medical conditions that would restrict my participation. If I have any concerns, I agree to consult my physician prior to engaging in Wellness Center activities.

5. Acknowledgment and Signature

- ☐ I have read this waiver in full and understand its contents.
- ☐ I acknowledge that by signing, I am **waiving certain legal rights**, including the right to sue the Pueblo or its representatives for injuries or damages.
- ☐ This agreement shall remain in effect for the duration of my participation in any Community Wellness Center program or activity.

Participant Signature: _____

Date: ____ / ____ / ____

Parent/Guardian Signature (if under 18): _____

Date: ____ / ____ / ____