



## Notice of Acknowledgement of Risk and Waiver of Liability

By using the gym and exercise machines, I acknowledge and agree to the following:

- I am voluntarily participating in the gym at Greater Buffalo United Accountable Healthcare Network (GBUAHN) at 564 Niagara St., Building 2, Buffalo, NY 14201. I recognize the use of the gym requires physical exertion that may be strenuous at times and may cause physical injury and I am fully aware of the risks and hazards involved.
- I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the gym.
- I agree to assume full responsibility for any risks, injuries or damage, know or unknown, which I might incur because of participating in the program. Such injuries may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness, including death.
- In the event of emergency, I give my consent by entering the gym for GBUAHN to provide medical care to me, as it deems appropriate, and to give authority to any emergency personnel to render immediate aid. I hold GBUAHN harmless for any negligent act or omission in the performance of medical care.
- In consideration of being permitted to use the gym, I hereby release, waive, discharge and covenant not to sue GBUAHN, its officer, directors and employees, from any and all liability, claims, demands, actions and causes of action of any kind or nature arising out of or related to any loss, damage or injury, that I or any of my property may sustain resulting from my participation in or in any way connected with my participation in such program, regardless of whether such loss is caused by the negligence of the GBUAHN and regardless of whether such liability arises in tort, contract, strict liability or otherwise. I further agree to indemnify and to hold GBUAHN, its officer, directors and employees, free and harmless from any loss, liability damage, cost, or expense which they may incur as a result of an injury that I may sustain while participating in the program. I also understand that this Waiver of Liability binds my heirs, executors, administrators, and assigns as well as myself.