



**Chelsea Wellness Center**  
14800 E. Old US 12  
Chelsea, MI 48118  
chelseawellness.org  
734-214-0220

**Dexter Wellness Center**  
2810 Baker Road  
Dexter, MI 48130  
dexterwellness.org  
734-580-2500

**Stockbridge Wellness Center**  
5116 S. M-106  
Stockbridge, MI 49285  
stockbridgewellness.org  
517-851-4486

## YOUTH CONSENT AND CONDUCT FORM

Chelsea Wellness Center, Dexter Wellness Center, and Stockbridge Wellness Center (5 Healthy Towns Foundation Centers) reserves the right to stop participation in use of, programs at or activities in any of their facility buildings and/or off-site locations outside of their facility buildings where activities and programs are being hosted based on improper conduct or behavior which might interfere with a member's enjoyment of the facilities, activities or programs. Improper behavior, misuse of equipment, or violation of facility building and/or activity and program rules may result in termination of the membership.

### ASSUMPTION OF RISK AND WAIVER AND RELEASE OF LIABILITY AGREEMENT

I, \_\_\_\_\_, for myself if I am 18 years of age or older, and/or as the Parent or Legal Guardian of \_\_\_\_\_, a minor, ACKNOWLEDGE that I have voluntarily agreed to use and/or consented and granted permission to allow my minor child/ward to use 5 Healthy Towns Foundation Centers and to participate in 5 Healthy Towns Foundation Centers' activities and programs both at the Centers and off-site. For and in consideration of being given the opportunity for me and/or my minor child/ward to use 5 Healthy Towns Foundation Centers and to participate in 5 Healthy Towns Foundation Centers' activities and programs both at the Centers and off-site and as a condition of my own and/or my minor child/ward's use of 5 Healthy Towns Foundation Centers and to participate in 5 Healthy Towns Foundation Centers' activities and programs both at the Centers and off-site I acknowledge and agree as follows:

1. WAIVER AND RELEASE: I agree to waive, release and discharge from all liability 5 Healthy Towns Foundation Centers, officers, agents, employees and volunteers, including but not limited to Power Wellness Management, LLC ("Power Wellness"), (collectively the "5 Healthy Towns Foundation Centers Affiliates"), from any and all claims, rights, damages, causes of action and demands of whatsoever kind or nature, whether known or unknown, which I may have or claim to have against 5 Healthy Towns Foundation Centers and 5 Healthy Towns Foundation Centers Affiliates arising out of, connected with, or in any way associated with my own and/or my minor child/ward's voluntary use of 5 Healthy Towns Foundation Centers and participation in 5 Healthy Towns Foundation Centers' activities and programs both at the Centers and off-site. I agree that this Waiver and Release is intended to be as broad and inclusive as permitted by the laws of Michigan, and that if any portion hereof is held invalid, I agree that the balance thereof will, notwithstanding, continue in full legal force and effect.

2. RISK OF INJURY: As a user of 5 Healthy Towns Foundation Centers, as a participant in 5 Healthy Towns Foundation Centers' activities and programs both at the Centers and off-site and/or as a parent or legal guardian of a participant under 18 years of age, I acknowledge that I am aware that the use of 5 Healthy Towns Foundation Centers may be dangerous. I and/or my minor child/ward are voluntarily using 5 Healthy Towns Foundation Centers and are voluntarily participating in 5 Healthy Towns Foundation Centers' activities and programs both at the Centers and off-site with knowledge of the danger involved and I recognize and acknowledge that there are certain risks of physical injury, sickness and/or disease associated with the use of 5 Healthy Towns Foundation Centers, and voluntarily agree to assume the full risk of injuries, including illness, or death, and damages or losses of any kind, and the exposure to disease causing organisms and/or objects, including but not limited to, communicable diseases which I may sustain arising out of, connected with or in any way associated with or related to my own and/or my minor child/ward's voluntary use of 5 Healthy Towns Foundation Centers and/or participation in 5 Healthy Towns Foundation Centers' activities and programs both at the Centers and off-site. I am not aware of any health or fitness restrictions that preclude my participation or the participation of my minor child/ward.

3. INDEMNIFY AND DEFENSE, WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK: I acknowledge that there are certain risks of physical injury and transmission of disease such as, which includes but is not limited to, communicable diseases to 5 Healthy Towns Foundation Centers and off-site activities and programs users and participants in their activities and programs, and I agree to assume full risk of any and all injuries, sickness, damages or loss, that I and/or my minor child/ward may sustain as a result of said use of and/or participation in 5 Healthy Towns Foundation Centers, activities and programs. I further agree to waive and relinquish all claims I and/or my minor child/ward may have (or accrue to me/us) as a result of my/our use of 5 Healthy Towns Foundation Centers or participation in 5 Healthy Towns Foundation Centers' activities and programs both at the Centers and off-site, including any claim for injuries, sickness, disease, damages or loss arising from use of 5 Healthy Towns Foundation Centers and /or participation in 5 Healthy Towns Foundation Centers' activities and programs both at the Centers and off-site, against 5 Healthy Towns Foundation Centers and Power Wellness, including their officers, agents, volunteers, and employees. I hereby release, waive, and covenant not to sue, and further agree to indemnify, defend and hold harmless 5 Healthy Towns Foundation Centers and Power Wellness and their officials, agents, volunteers, and employees with respect to any liability, claim, demand, cause of action, damage, loss or expense (including court costs and reasonable attorney's fees) of any kind or nature which may arise out of, result from, or relate in any way to my use of 5 Healthy Towns Foundation Centers and/or participation in 5 Healthy Towns Foundation Centers' activities and programs both at the Centers and off-site, including claims for liability caused in whole or in part by the negligent acts or omissions of the released parties. I hereby agree to assume all liability and hold 5 Healthy Towns Foundation Centers and 5 Healthy Towns Foundation Centers Affiliates harmless, for liability resulting from any exposures to disease causing organisms and/or objects such as, which includes but is not limited to, communicable diseases. I further agree that if, despite this Agreement, I, or anyone on my behalf, makes a claim for liability against any of the released parties, I will indemnify, defend and hold harmless each of the released parties from any such liabilities which may be incurred as the result of such claim. I have read and fully understand the above important information, warning of risk, notice, assumption of risk and waiver and release of all claims. I further agree to indemnify, hold harmless and defend 5 Healthy Towns Foundation Centers and 5 Healthy Towns Foundation Centers Affiliates from any and all claims, rights, demands and/or causes of action of whatsoever kind or nature, whether known or unknown, which I and/or my minor child/ward may have or claim to have, arising out of, connected with, or in any way associated with my own and/or my minor child/ward's use of 5 Healthy Towns Foundation Centers and participation in 5 Healthy Towns Foundation Centers' activities and programs both at the Centers and off-site any activities related to or associated with said use of 5 Healthy Towns Foundation Centers and/or participation in 5 Healthy Towns Foundation Centers' activities and programs both at the Centers and off-site.

4. WARNING OF COMMUNICABLE DISEASE RISK: Use of 5 Healthy Towns Foundation Centers and/or participation in 5 Healthy Towns Foundation Centers' activities and programs both at the Centers and off-site and adherence to the policies and procedures established by 5 Healthy Towns Foundation Centers will not prevent the communication of disease, including communicable diseases, in every situation. Each user of 5 Healthy Towns Foundation Centers or parent of a user of 5 Healthy Towns Foundation Centers should fully and carefully consider the potential risks involved in using 5 Healthy Towns Foundation Centers in light of the communicable diseases, or any other communicable disease or pandemic that may arise in the future. The recommendations made by 5 Healthy Towns Foundation Centers and Power Wellness and the precautions undertaken by 5 Healthy Towns Foundation Centers and Power Wellness should not be interpreted as setting a standard of precaution or care, or be deemed inclusive of all proper methods of precaution or care, nor exclusive of other methods of precaution or care reasonably directed to obtaining the same results. All information, content, and material provided by 5 Healthy Towns Foundation Centers and by Power Wellness is for informational purposes only and is not intended to serve as a substitute for the consultation, diagnosis, and/or medical treatment of a qualified physician or healthcare provider.

The ultimate judgment regarding the propriety of any specific action, including but not limited to, the use of 5 Healthy Towns Foundation Centers, must be made by each individual in consultation with his/her physician and in light of all the circumstances presented by the current pandemic, and the known variability and biological behavior of the individual's medical condition.

5 Healthy Towns Foundation Centers and Power Wellness do not make and hereby disclaim any warranty, express or implied, as to the accuracy or completeness of the recommendations made or precautions taken whether initiated by 5 Healthy Towns Foundation Centers, Power Wellness or others and undertake no obligation and assume no responsibility for any injury, sickness, disease or damage to persons arising out of or related to the use of 5 Healthy Towns Foundation

Centers and/or participation in 5 Healthy Towns Foundation Centers' activities and programs both at the Centers and off-site. The sole risk of using 5 Healthy Towns Foundation Centers is that of each individual alone.

5. DIRECTION/CONDUCT: I and/or my minor child/ward agree to: (1) follow any and all guidance, decisions and directions from 5 Healthy Towns Foundation Centers, Power Wellness or their employee(s) with whom I and/or my minor child/ward are interacting with as part of the use of 5 Healthy Towns Foundation Centers and/or participation in 5 Healthy Towns Foundation Centers' activities and programs both at the Centers and off-site, including without limitation any direction to remain at or to leave any location, to cease any activity, or any other direction given to me by said employee(s). I understand and agree that 5 Healthy Towns Foundation Centers, Power Wellness and their employee(s) and have complete authority to terminate me and/or my minor child/ward from the use of 5 Healthy Towns Foundation Centers at any time and for any reason and that I and/or my minor child/ward have no expectation of continued participation in the use of 5 Healthy Towns Foundation Centers.

6. ADMISSIBILITY, SEVERABILITY AND BINDING EFFECT: I agree that this Assumption of Risk and Waiver and Release of Liability Agreement shall be admissible in evidence in any proceeding or litigation in which the terms of this Assumption of Risk and Waiver and Release of Liability Agreement are sought to be enforced. I agree that this Assumption of Risk and Waiver and Release of Liability Agreement is intended to be as broad and inclusive as permitted by the laws of Michigan, and that if any portion hereof is held invalid, I agree that the balance thereof will, notwithstanding, continue in full legal force and effect. I agree that this Assumption of Risk and Waiver and Release of Liability Agreement shall inure to the benefit of, and shall be binding upon my heirs, legatees, transferees, assigns, personal representatives, owners, insurers, agents, servants, employees, administrators, executors, representatives and/or successors in interest of any kind whatsoever.

7. ACKNOWLEDGMENT: I have carefully read and fully understand and agree to the above-stated conditions of participation. I am aware that I am assuming all risks and releasing 5 Healthy Towns Foundation Centers and 5 Healthy Towns Foundation Centers Affiliates from all liability related to my own and/or my minor child/ward's voluntary use of 5 Healthy Towns Foundation Centers and participation in 5 Healthy Towns Foundation Centers' activities and programs both at the Centers and off-site, and that this Assumption of Risk and Waiver and Release of Liability Agreement is a binding contract between myself and 5 Healthy Towns Foundation Centers and sign it of my own free will. I understand that this is a legal document and that I have a right and option of having an attorney review the document before signing it.

\_\_\_\_\_  
Signature (Minor) \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature (Guardian/Parent) \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Membership Number \_\_\_\_\_

In case of an emergency, contact \_\_\_\_\_ at \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_