**WAIVER OF LIABLITY**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UNDERSTAND and ACKNOWLEDGE THAT UPON LEAVING THE Facility of Sunrise Adult Activity & Health Center, LLC, I must sign the sign-out sheet. Upon leaving, I release Sunrise Adult Activity & Health Center, LLC of all liability related to any and all injury on myself.

Additionally, if I leave Sunrise Adult Activity & Health Center, LLC and do not inform the staff of Sunrise Adult Activity & Health Center, LLC, I also release Sunrise Adult Activity & Health Center, LLC of all liability related to any and all injury to myself.

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