

Movement for Longevity

Agreement of Waiver and Medical Clearance



Participant Name:	Date of Birth:
Telephone:	Address:
Physician Name:	Physician Phone:
Emergency Contact:	Emergency Contact Phone:

YES. My patient _____ has no current unstable medical problems that are a contraindication to participating in an exercise or resistance-training program. I approve of and support his or her participation in this progressive strength, endurance, balance, flexibility-training exercise program, and I have discussed the signs and symptoms that would make an exercise program unsafe. These symptoms are summarized as follows:

Please indicate any special recommendations or specific comments: _____

NO. My patient _____ is not eligible to participate in the exercise program due to his or her current medical status.

Physician's signature _____ Date _____

Waiver of Liability

I, _____, hereby agree to the following:

- I. I am participating in this class during which I will receive information and instruction about fitness and health. I recognize that this class requires physical exertion, which may be strenuous and could cause physical injury. I am fully aware of the risks and hazards involved.
- II. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in this class. I represent and warrant that I am physically fit and have no medical condition that would prevent my full participation.
- III. In consideration of being permitted to participate in the class, I agree to assume full responsibility for any risks, injuries or damages known or unknown, which may incur as a result of participation in this class.
- IV. In further consideration of being permitted to participate in the classes/workshops, I knowingly, voluntarily and expressively waive any claim I may have against the instructor or the owner or lease holder of the building for injuries or damages that I may sustain as a result of participating in classes/workshops held at the site.
- V. I, my heirs, or legal representative of such forever release, waive, discharge and covenant not to sue instructor or the owner or lease holder of the building for any injury or death caused by their negligence or other acts.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Participant Signature _____ Date _____