

**REPRESENTATION, RELEASE AND AGREEMENT**  
(PLEASE READ CAREFULLY AND SIGN BELOW)

"I, fully understanding that the programs and exercises of \_\_\_\_\_ PROGRAM require moderate physical activity, hereby represent and acknowledge that my physical condition permits me to participate in the programs and exercises. I further acknowledge that I have been advised that at any time I am having physical difficulty; I will immediately inform the Practitioner and will be automatically excused from participation. I have volunteered to participate in this program and accept the responsibility. I understand that the possibility of exercise injuries or disorders does exist. I acknowledge and accept those risks.

I further realize that I will not be accepted for participation in the program if Practitioner knows of any reason why my participation would be dangerous to my health.

I also release and discharge on my behalf of myself, my heirs, assigns and successor in interest, all officers, directors, agents, and employees and other representatives of \_\_\_\_\_ PROGRAM and its insurers, from any and all claim, damages, demands, and liabilities arising out of or in any way related to participation in \_\_\_\_\_ PROGRAM activities and the use of any of its exercises, procedures or other results attained therefrom.

\_\_\_\_\_  
PARTICIPANT'S SIGNATURE

\_\_\_\_\_  
DATE