



EXERCISE CLASS POLICY, CONSENT AND RELEASE

Name: _____ Date of Birth: ____/____/____ Gender: M F

Street Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Emergency Contact: _____ Phone: _____

Exercise Classes include, but are not limited to: Balance Training, Chair Yoga, Strength Training, Tai Chi, and Yoga.

If you have any current or pre-existing injury or health condition that may interfere with participation in this exercise class, notify the instructor at the start of class. Please list condition(s) here:

As a condition of participation in the Sun Health Center for Health & Wellbeing (SHCHW) Exercise Classes, I agree to accept and assume full responsibility for any and all risk associated with my participation in the classes, including but not limited to any injury to my person or property, including death, caused by conditions, events or occurrences of any kind or nature.

I also acknowledge that the likelihood of such risks occurring varies from individual to individual, and I warrant and represent to SHCHW that I will not participate in exercise classes without taking every reasonable precaution to ensure that I am in suitable physical condition for my participation. Specifically, I understand and agree to abide by any exercise limitation recommended by my personal physician, but acknowledge and agree that I am responsible for limiting my exercise to a level appropriate for me. I agree that SHCHW has no responsibility to determine whether or at what level I should engage in exercise, and shall have no liability for not having attempted to make that determination.

I, the undersigned, have read and do understand all of the above, and hereby release and hold harmless SHCHW and its officers, directors, employees and agents from any liability for any injury, illness or other harm which I may sustain as a result of my participation in any exercise class offered. I also understand that all activities, exercises, and uses of SHCHW are undertaken by me at my sole risk. I also understand that Sun Health may use the information above to communicate with me about health education and wellness opportunities and that I may opt out of this communication at any time.

Should my health condition or my ability to participate in SHCHW Exercise Classes change I will notify Sun Health staff immediately.

Participant's Signature: _____ Date: _____