



## Participation in Health for All project Waiver Form

This form is an important legal document. It explains the risks you are assuming by enrolling in the health for all program. It is critical that you read and understand it completely. After you have done so, please print your name legibly and sign in the spaces provided.

### *Waiver and Covenant Not to Sue*

I, \_\_\_\_\_, have volunteered to participate in the Health for All program under the direction of the Midwest Cardiovascular Research Foundation ("MCRF") and the YMCA personal training, which will include, but may not be limited to cardiovascular and weight and/or resistance training and dietary advise/instructions and clinic checkups and visits. In consideration of voluntarily participating in the Health for All project and accepting instructions, assistance, and training, I do here and forever release and discharge and hereby hold harmless MCRF and the YMCA Personal Training and their respective agents, heirs, assigns, contractors, and employees from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with my participation in the Health for All project or any exercise program including any injuries resulting from them.

### *Assumption of Risk*

I, \_\_\_\_\_, recognize that exercise might be difficult and strenuous and that there could be dangers inherent in exercise for some individuals. I acknowledge that the possibility of certain unusual physical changes during exercise does exist. These changes include abnormal blood pressure, fainting, disorders in heartbeat, heart attack, and in rare instances, death. I also understand that dietary advice may not be best suitable for me and if I have specific health conditions, I would be discussing this with my primary care provider to determine if I am ok to proceed with these recommendations.

I understand that I am responsible for monitoring my own condition throughout each session, and should any unusual symptoms occur, I should cease my participation in the Health for all Project or the YMCA exercise program and inform the trainer of these symptoms.

I understand that as a result of my participation in the Health for All project, I could suffer an injury or physical disorder that could result in my becoming partially or totally disabled and incapable of performing any gainful employment or having a normal social life.

I recognize that the Health for All project is not a general wellness clinic and is focused predominantly on obesity management through diet and exercise, the latter is provided by the YMCA. Both MCRF and YMCA Staff, YMCA Physical Education Committee and MCRF/YMCA Board of Directors recommend to every person joining the Health for All project and the physical fitness program through MCRF that he/she undergoes a complete physical examination by his/her personal physician prior to involvement in any exercise program. Although MCRF provides general checkups, follow-ups and screening before participation in the dietary and physical fitness program, this should not be considered a substitute to a prior evaluation and recommendations by the primary care provider or a specialty provider.

If I, \_\_\_\_\_, have chosen not to obtain my own primary or specialty physician's permission prior to beginning the Health for All program, I hereby agree that I am doing so at my own risk. In any event, I acknowledge and agree that I assume the risks associated with any and all activities and/or exercises in which I participate.

I acknowledge and agree that no warranties or representations have been made to me regarding the results I will achieve from this program. I understand that results are individual and may vary.

\_\_\_\_\_  
Please print name

\_\_\_\_\_  
Participant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Witness