



Program Registration

WAIVER, RELEASE AND EXPRESS ASSUMPTION OF RISK FOR PARTICIPATION

Thank you for participating in the **communityfit** program, sponsored by Western Health Advantage. Please read this page carefully and sign below.

I, _____, on behalf of myself and minor participant (if applicable),
adult participant's name

_____, hereby agree as follows:
minor participant's name

I know that any exercise program, including this fitness program (the "Program") is potentially dangerous and that I should not participate unless I am medically able and I take proper care and caution while participating. I understand that it is advisable to obtain a medical evaluation and my doctor's approval prior to initiation of any exercise. I agree not to participate with any medical condition that poses a direct threat to the health or safety of myself or others.

WAIVER AND RELEASE. Having read this waiver and knowing the facts, in consideration of the opportunity afforded to me to participate in the Program, I acknowledge and agree that if I choose to participate, I do so at my own risk. I assume all risk of injury, illness, or death that may occur as a result of my participation. I knowingly, freely, and voluntarily waive, on behalf of myself, my heirs, executors, representatives or assigns, any right, claim or cause of action of any kind whatsoever that I may have against Western Health Advantage or any of its officers, employees, contractors, agents, assigns, or representatives, as a result of it making the Program available, my participation in the Program, or the participation in the Program in any manner by any other person. I further agree to release and discharge Western Health Advantage, its officers, employees, contractors, agents, assigns, and representatives from any and all claims, demands, injuries, actions or causes of action (known or unknown), for costs, expenses, or damages to personal property, personal injury, or death, arising out of or resulting from my participation in the Program.

I hereby affirm that I am over eighteen (18) years of age, and, if signing on behalf of a minor participant, that I am the parent or guardian of that minor or otherwise have authority to sign on his or her behalf. I have carefully read this document, and I understand its contents. If I do not understand its contents, I agree that I will not participate without having conferred with my own legal counsel. I understand, agree and intend that an electronic copy such as a scanned PDF of this signed document is valid and binding on me the same as the original signed document.

adult participant's signature

date