

ARTHRITIS PROGRAM

Participant Release Form

PROGRAM AQUATICS (POOL) EXERCISE (LAND)

First Name _____

Last Name _____

Home Address _____

City _____ State _____ Zip Code _____

Daytime Phone _____

Email _____

Release of Liability/Participant Consent

I understand and agree that there are risks associated with any exercise or education program. I am aware of the risks and agree that my participation is voluntary and agree that neither the AEA, Arthritis Foundation, nor any co-sponsoring agency or facility, or their said officers, directors, employees, agents, members or volunteers, shall assume or have any responsibility or liability for the expenses or treatment or compensation for any injury I may suffer during or resulting from my participation in the Arthritis Foundation Programs regardless of where any injury occurs. I do hereby, for myself, my heirs, executors and administrators, waive, release and forever discharge the AEA and Arthritis Foundation (and any related entities and any co-sponsoring agency or facility, as well as their agents, employees and volunteers) from any and all rights and claims for damages that I may have or that may accrue arising out of or in any way connected with my participation in this or any future Arthritis Foundation Programs.

My signature below indicates that I have read and accept the AEA Arthritis Foundation Program Release of Liability and do consent to participating in the program.

Printed Name _____

Signature _____ Date _____