

Healthy Lifestyles Program Participation Agreement

I, _____, have voluntarily chosen to participate in the Healthy Lifestyles Program at The Well Health Initiative.

- I affirm that I have answered the questions in the provided medical forms to the best of my ability.
- I affirm that my activities have not been restricted or limited in any way by a physician's recommendation or prescription.
- I have no conditions known to me that prevent me from participating in fitness activities.

I understand that The Well Health Initiative recommends improving general well-being through routine exercise, good nutrition and behavior modifications such as stopping smoking.

Participation in the program is completely voluntary and I can go at my own pace. I am free to discontinue my participation at any time.

Furthermore, I agree to self-limit my exertion through good judgment and to terminate any activity immediately if it exceeds my personal limitations.

I understand that by signing this agreement, I hereby waive and release The Well Health Initiative, it's board, staff, employees and any and all persons or partner organizations involved in any way from any and all claims, liabilities or demands of any kind as a result of an injury, loss, or adverse health condition arising from my participation in the Healthy Lifestyles Program.

I affirm that I have read and fully understand the above document and that I wish to participate in the Healthy Lifestyles Program.

Name: _____

Signature: _____

Date: _____

Please return this form to: Dr. Sarah McDade (Johnson)