



Northland-Rural Therapy Associates

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2224 E. Cedar Ave Suite 1

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Exercise Class Waiver

Northland-Rural Therapy Associates

Client/Employee/Community Participant Name: _____

Date of Birth: _____ Emergency Contact: _____

During your exercise program, at Northland-Rural Therapy Associates, every effort will be made to assure your safety. However, as with any exercise program, there are risks, including increased heart stress and the chance of musculoskeletal injuries. In participating in this exercise opportunity, you agree that, to your knowledge, you have no limiting physical conditions or disability that would preclude an exercise program.

A physician's examination is recommended for all participants with any exercise restrictions, including any heart problems, high blood pressure, chest pain dizziness, relevant surgeries, diabetes, asthma, epilepsy, arthritis, or significant injury to any part of the body. By signing below, you accept full responsibility for your own health and well-being and you acknowledge an understanding that no responsibility is assumed by Northland-Rural Therapy Associates or any other related agency.

Northland-Rural Therapy Associates and other related agencies are released from any liability now or in the future for conditions that may result from participation in any on-site exercise program including but not limited to: heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat exhaustion, injuries to knees, injuries to back, injuries to feet, or any other illness or soreness that may occur, including death.

I hereby affirm that I have read and fully understand the above statements.

Signature

Date Signed