



RELEASE OF LIABILITY WAIVER

Stillwater Spine & sports Inc. INFORMED CONSENT

FOR EXERCISE PARTICIPATION AND FITNESS ASSESSMENT

I desire to engage voluntarily in an exercise program at The Stillwater Spine & Sports Center Inc. to improve my physical fitness. I may voluntarily engage in Exercise assessments to evaluate my physical fitness.

I understand there is a risk of abnormal cardio respiratory response during and following exercise. I understand that I am responsible for monitoring my own condition throughout exercise, and agree to stop exercise and inform an instructor should any unusual symptoms occur. I understand that I can discontinue my exercise program or fitness assessment at any time.

Medical clearance is recommended before beginning and exercise program. If medical clearance is specifically requested prior to beginning an exercise program or fitness assessment, I will consult my physician and obtain said clearance prior to beginning my exercise program.

I have read this form and understand the nature of the exercise program and fitness Assessment. My questions have been answered to my satisfaction. I agree to assume the risk of such exercise and fitness assessment, and agree to hold harmless The Stillwater Spine & Sports Center Inc. and/or, their staff members, and their corporate ownership.

Signature of Participant _____

Signature of Parent if under 18 _____

Date ____/____/____