

Waiver, Release, and Assumption of Risk Form

The Mental Health Center of Denver

Integrated Primary Care and Wellness

This form is an important legal document. It explains the risks you are assuming by beginning an exercise program. It is critical that you read and understand it completely. After you have done so, please print your name legibly and sign in the spaces provided at the bottom.

Waiver, Informed Consent, and Covenant Not to Sue

I, _____, have volunteered to participate in a program of physical exercise. This exercise program is not mandatory, and I enter into it without coercion. I do here and forever release and discharge and hereby hold harmless the MENTAL HEALTH CENTER OF DENVER and its respective agents, heirs, assigns, contractors, and employees from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with my participation in this or any exercise program including any injuries resulting therefrom. THIS WAIVER AND RELEASE OF LIABILITY INCLUDES, WITHOUT LIMITATION, INJURIES WHICH MAY OCCUR AS A RESULT OF (1) EQUIPMENT THAT MAY MALFUNCTION OR BREAK (2) ANY SLIP, FALL OF MYSELF OR OTHERS (3) DROPPING OF EQUIPMENT AND (4) OR NEGLIGENT INSTRUCTION OR LACK OF SUPERVISION.

Assumption of Risk

I, _____, recognize that exercise might be difficult and strenuous and that there could be dangers inherent in exercise for some individuals. I acknowledge that the possibility of certain unusual physical changes during exercise does exist. These changes include abnormal blood pressure; fainting; disorders in heartbeat; heart attack; and, in rare instances, death.

I understand that as a result of my participation in an exercise program, I could suffer an injury or physical disorder that could result in my becoming partially or totally disabled and incapable of performing any gainful employment or having a normal social life.

I certify that I have either consulted with a physician, or that I am certain of my own general good health that I can participate in such a program without a significant risk of injury.

I acknowledge and agree that I assume the risks associated with any and all activities and/or exercises in which I participate.

I acknowledge and agree that no warranties or representations have been made to me regarding the results I will achieve from this program. I understand that results are individual and may vary.

I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. BY SIGNING THIS DOCUMENT, I AM WAIVING ANY RIGHT I OR MY SUCCESSORS MIGHT HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST MHCD FOR ITS NEGLIGENCE, MY OWN NEGLIGENCE, OR THAT OF MHCD'S EMPLOYEES, AGENTS, OR CONTRACTORS.

Participant's signature

Date

Please print name