

Please fax or send this form before attending a class

Harvard Wellness Program
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EXERCISE CLASS PARTICIPANT AGREEMENT

I, _____, hereby agree to the following:
(printed name)

1. That I am voluntarily participating in one or more movement programs or workshops offered by Harvard University Health Services (to be referred to herein as the "Program"). During the Program, I will receive information and instruction about health and fitness. I recognize that the Program is a fitness activity which will require physical exertion that may be strenuous and may cause physical injury. I am fully aware of the risks and hazards involved, and I will participate in the Program at my own ability level.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Program. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the Program. Should my fitness or medical condition change in such a way that might affect my ability to participate in the Program, I will inform the Director of the Center for Wellness, consult with a physician, and tailor my participation in the Program to my then-current ability level. I understand that if my physician, the Program or I see fit, this may mean discontinuing my participation in the Program completely.
3. In consideration of being permitted to participate in the Program, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the Program.
4. In consideration of being permitted to participate in the Program, to the maximum extent permitted by law, I knowingly, voluntarily and expressly waive any claim I may have against President and Fellows of Harvard College and its affiliates, employees, faculty members, members of its governing boards, or agents (collectively, "Harvard") for injury or damages that I may sustain as a result of participating in the Program. I, my heirs and legal representatives forever release waive, discharge and covenant not to sue Harvard for any injury or death caused by their negligence or other acts.

I have read the above release and waiver of liability and fully understand its contents.

I voluntarily agree to the terms and conditions stated above.

Signature of Participant

Date

(For Office Use Only)