

Nonprofit Health and Wellness Program Waiver

I acknowledge that my participation in the health and wellness programs, activities, or events (‘‘Programs’’) provided by _____ (the ‘‘Organization’’) is voluntary. I understand that these Programs may involve physical activity and/or the use of equipment and facilities.

Assumption of Risk

I understand and agree that participation in the Programs involves inherent risks, including but not limited to the risk of injury, illness, or other unforeseen events, and I knowingly and freely assume all such risks, both known and unknown.

Release and Waiver

In consideration for being allowed to participate in the Programs, I hereby release and hold harmless the Organization and its directors, officers, employees, volunteers, and agents from any and all liability for any injury, loss, or damage to person or property that may arise from my participation, except to the extent arising from gross negligence or willful misconduct.

Medical Declaration

I certify that I am physically able to participate in the Programs and have consulted a physician if necessary. I agree to notify the Organization of any medical conditions or limitations that may affect my participation.

Emergency Contact

Name

Phone

Participant Information

Name

Email

Signature

Signature

Date

Parent/Guardian Consent (if under 18)

Parent/Guardian Name

Parent/Guardian Signature

Date