



AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

PLEASE READ CAREFULLY—THIS IS A RELEASE AND WAIVER OF CERTAIN LEGAL RIGHTS

1. I am participating in classes, programs, or workshops offered by Maple Tree Cancer Alliance during which I receive information and instruction about exercise. I recognize that exercise programs require physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks involved.
2. I understand that it is my responsibility to consult with a physician and provide a physician's release prior to and regarding my participation in the classes that I am taking with Maple Tree Cancer Alliance. I represent and warrant that I am physically able to exercise and have no medical condition that would prevent my full participation in these classes, programs, or workshops.
3. In consideration of being permitted to participate in classes, programs, or workshops with Maple Tree Cancer Alliance I agree to assume full responsibility for any risks, injuries or damages, known or unknown that I might incur as a result of participating in the programs. I further confirm that I have fully disclosed to Maple Tree Cancer Alliance all my injuries and illnesses past and present. In addition, I agree to report any changes in my physical condition to Maple Tree Cancer Alliance immediately. If I feel any discomfort in performing a given exercise, I understand that it is my responsibility to stop and inform my instructor immediately.
4. In further consideration of being permitted to participate in classes, programs, or workshops with Maple Tree Cancer Alliance, I hereby agree to waive any claim I may have against Maple Tree Cancer Alliance for any injury however caused that I may sustain as a result of participating in the programs.
5. I, my heirs or legal representatives, forever release, waive, and discharge not to sue Maple Tree Cancer Alliance and its owners, employees, independent contractors and any affiliates from any and all claims arising directly or indirectly out of my participant in any class, program, or workshop for any injury or death caused by their negligence or other acts.
6. I understand that Maple Tree Cancer Alliance has the right to refuse service to anyone they feel may be in a compromised state rendering them unfit for exercise or other services offered by Maple Tree Cancer Alliance.

I hereby affirm that 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: _____

If participant under 18, signature of parent/legal guardian: _____