



Express Assumption of Risk to Participate in an Exercise Program

I, _____, acknowledge that there are certain risks inherent in participating in an exercise program. These risks range from mild fatigue to more serious events which may lead to prolonged serious illness or even death. I hold Columbus Wellness Center, its agents, employees, and physicians, free and harmless from all liability and damages resulting from any and all accidents, injuries, or illness, arising either directly or indirectly, from any participation in Columbus Wellness Center exercise programs, including all consequential and incidental damages.

I have had the opportunity to ask questions during the enrollment in the wellness program. Any questions I have asked have been answered to my complete satisfaction. I fully and completely understand the risks of my participation in this activity and, knowing and appreciating these risks, I voluntarily choose to participate.

Participant Name

Witness Name

Participant Signature

Witness Signature

Parent/Guardian Signature (If under 18)

Date