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### WAIVER FORM

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 space provided at the bottom of this page.

I, \_\_\_\_\_, (participant's name) have elected to participate in a program of physical exercise training and nutritional consulting. In consideration of the agreement by Mary Lou Corcoran Physical & Aquatic Therapy and/or the Sports Performance Center at Mary Lou Corcoran Physical & Aquatic Therapy to instruct, assist, and train me, I do here and forever release and discharge and hereby hold harmless Mary Lou Corcoran Physical & Aquatic Therapy and/or the Sports Performance Center at Mary Lou Corcoran Physical & Aquatic Therapy, and their 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.

**You are being asked** to complete a health history form PAR-Q to assist in making a self-evaluation of risks of cardiovascular disease and other injuries or illness to which you may expose yourself by participating in exercise or fitness programs. You are asked to carefully complete this form at your own convenience. The purpose of this form is to help you determine whether you should seek medical approval prior to beginning activities at the Priority Sports Performance Center at Mary Lou Corcoran Physical & Aquatic Therapy.

Completion of this form will not be a substitute for a proper medical examination nor will it replace any medical diagnosis you may previously have had of cardiovascular related disease, or other injuries or illnesses. This form can only assist you in identifying risks; it cannot diagnose your personal susceptibility to cardiovascular-related medical difficulties or other injuries or illnesses now or at any future date.

**I acknowledge** that I have carefully read and understand the stated purposes of the PAR-Q form. I understand that I should review my own medical condition with my health care provider. In particular, I should review any condition to which I have responded "YES" on the PAR-Q form.

**I acknowledge** and understand the existence of risk in connection with my participation in activities and use of facilities and equipment of the Sports Performance Center at Mary Lou Corcoran Physical & Aquatic Therapy, including but not limited to risk of cardiovascular-related disease, or other illnesses or injuries. I further acknowledge and understand that there is no substitute for a full medical evaluation and advice prior to undertaking any such activity or utilizing such facilities or equipment.

**I knowingly and voluntarily assume all risks** of personal injury or illness in connection with my participation in the Sports Performance Center at Mary Lou Corcoran Physical & Aquatic Therapy activities or equipment which may result from my own medical condition or susceptibility to cardiovascular-related medical difficulties.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

***IF UNDER EIGHTEEN (18) YEARS OF AGE, A PARENT OR GUARDIAN MUST SIGN BELOW***

I, the undersigned, as a parent or guardian of the above applicant, certify that I have read the above application and I consent to the applicant's receiving the instruction applied for at Mary Lou Corcoran Physical & Aquatic Therapy and/or the Sports Performance Center at Mary Lou Corcoran Physical & Aquatic Therapy, and I agree to the provisions of the contract for myself and said applicant.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_