

Program Waiver Form

Name	
Address	
Phone	
E-mail	
Emergency Contact Name/Relationship	
Emergency Contact Phone	
Doctor	

WAIVER OF LIABILITY

In consideration of your accepting me as a participant in the South East Toronto Family Health Team (SETFHT) _____ Program as it pertains to the exercise portion (i.e. walking), I hereby for myself, my heirs, executors, administrators and assigns, assume all risks arising from my participation and I waive and release any and all right or claim I may have against SETFHT and any other persons involved in the SETFHT Program, their agents, servants, representatives, successors and assigns, (“the releases”) from any liability to me from any loss or damage, claims or demands of every kind and nature whatsoever on account of any injury to me or my property, whether caused by the negligence of the release or otherwise which may arise from my participation in the exercise portion of the _____ Program.

I am in good medical condition/health, and have no medical problems which would prevent me from participating in the exercise portion of the SETFHT _____ Program. I have fully informed myself of the contents of this waiver and release, by reading it before having signed it.

Signed: _____

Name: _____

Witness: _____

Date: _____