

PARTICIPANT ACKNOWLEDGMENT

The undersigned acknowledges that he/she is voluntarily participating in an activity/
exercise demonstration or program being presented by _____.
Doctor's name

Before undertaking the _____
Specify the name of the activity or exercise

the undersigned acknowledges that he/she has no knowledge of any
physical limitation or health condition that might limit his/her participation. It is
acknowledged and understood that an activity/exercise of any nature brings with it
inherent risk of injury. Without limitation, these risks can include strains or sprains to
the wrists, knees, shoulders and back regions. It is acknowledged that the undersigned's
election to participate in these _____
Specify the name of the activity or exercise

is an assumption of these risks, and the undersigned acknowledges that he/she is doing so
voluntarily.

Signed: _____

Printed Name: _____

Dated: ___/___/___