

**Waiver for Participation in
Macon County Public Health's
LIFE Activities**

IN ORDER TO PARTICIPATE IN ANY AND ALL PHYSICAL ACTIVITIES RELATED TO THE MCPHC's LIFE PROGRAM, THIS FORM MUST BE SIGNED BY THE PARTICIPANT (OR A PARENT/LEGAL GUARDIAN IF PARTICIPANT IS NOT 18 YEARS OF AGE OR OLDER) AGREEING TO THE FOLLOWING STATEMENT.

By signing this document, I _____ acknowledge that I have been informed of the need to obtain a physician's examination and approval prior to beginning this exercise program. I fully understand that the program may be strenuous and choose to participate completely voluntarily. I also acknowledge and understand that in participating in the LIFE Program activity, the possibility exists that I may sustain physical illness/injury (minimal, serious, catastrophic), in connection with the LIFE Program activity. I accept all responsibility for my health and any resultant injury or mishap that may affect my well-being in any way. I hereby agree to hold harmless from any loss, liability, damage or cost, including reasonable attorney fees, Macon County, the Macon County Public Health Center, the instructor, faculty, and other agents and employees thereof, or any other persons involved with the program and do release any and all of them from any responsibility with respect hereto.

Signature Date

COMPLETE THIS SECTION ONLY FOR PERSONS UNDER 18 YEARS OF AGE!

I hereby represent that I am the parent and/or guardian or next of kin of _____ and that I hereby consent to participation in MCPHC's LIFE Program activities as stated above. I have read this consent form in its entirety and understand it fully.

Printed name of participant (under 18) Date

Signature of parent and/or guardian and/or next of kin Date

