



Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

### CONSENT AND WAIVER

I hereby consent to participating in the Healthy Villages Program. My participation is entirely voluntary. I understand the program includes diet and exercises that may not have been part of my everyday life. I also understand that I will not receive any medical advice or treatment by or in connection with the Program. I understand that any recommendations for exercise are based on national guidelines and are not to be considered safe or appropriate for me without first consulting a physician.

**I ACKNOWLEDGE THAT I HAVE BEEN ADVISED TO SEE A PHYSICIAN PRIOR TO STARTING ANY EXERCISE PROGRAM (INCLUDING THE Healthy Villages PROGRAM) AND FAILURE TO DO SO IS AT MY OWN RISK.**

I hereby (for myself and anyone entitled to act on my behalf) waive and release Van Buren County Hospital, its trustees, officers, employees, agents, insurers, successors and assigns and the Healthy Villages Program from all claims or liabilities of any kind arising out of my voluntary participation in the program. I understand that this means that if any injury or illness results from or during my participation in the Healthy Villages Program, Van Buren County Hospital and the Healthy Villages program will not be held responsible.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_