

RSVP BONE BUILDERS PROGRAM

INFORMED CONSENT

I the undersigned participant acknowledge, agree, and understand that:

1. I certify that I am physically capable of participation in this activity/program.
2. I understand and confirm that I will choose the level of activity that will not harm me.
3. Further, I agree that in consideration for permission to participate in the **RSVP BONE BUILDERS** Program, I assume all risks of injury incurred or suffered while on the premises where the program is being conducted.
4. RELEASE: In consideration of your accepting my application to participate in this program, I hereby for myself, my heirs, executors, and administrators, waive and release any and all right and claims for damages I may have against the RSVP Program of United Way of Northwest Vermont, the site where the **RSVP BONE BUILDERS** Exercise Program is conducted, their agents, representatives, employees, volunteers, class instructors and assigns for any and all injuries or otherwise arising out of or in any way connected to my participation in this exercise program.
5. As a matter of caution, the RSVP Program of United Way of Northwest Vermont strongly recommends that you have accident health insurance in force when you take part in **RSVP BONE BUILDERS** Program.
6. I have read the above informed consent, understand them and agree to abide by them.

Signature: _____ Date: _____

Participant Contact Information:

Name: _____

Email: _____

Phone: _____

Emergency Contact Information:

Name: _____

Relationship: _____

Phone Number: _____