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Sponsored By

**Body Balance
Health & Fitness Center**

Participant Release Form

Our goal at The Journey Program, along with our sponsors, is to provide the client with a personalized exercise and fitness routine that involves cardiovascular conditioning, strength training, flexibility/range of motion, core strength and balance, as well as addressing postural imbalances. Our program is specifically designed to address the needs and goals of each individual client. The Journey Program and our sponsors are dedicated to the overall success of each client's personal health and fitness program.

1. Payment

There is no payment for services by the participant. It is through the generous donations of our sponsors that The Journey Program is offered free of charge.

2. Physician's Release

Each individual must submit the Journey Programs medical clearance form in order to participate in the program. The form must be signed by the participant's physician and submitted with the individual's Health History form prior to the start of the program. Participants who do not submit the Medical Clearance form will not be allowed to participate.

3. Waiver

The participant is aware that The Journey Program classes involve strength, flexibility, and aerobic exercises which may potentially be hazardous activities. The participant also acknowledges and agrees that these activities involve a risk of injury, lymphedema, and death. Accordingly, the client voluntarily consents to participate in The Journey Program, and assumes the acknowledged risks involved.

The participant hereby waives, releases, and forever discharges The Journey Program, It's sponsors and any of its affiliated companies, insured interests, their officers, agents, employees, representatives, and executors from any and all responsibilities or liability from injuries or damages resulting from participation in a session. The participant also agrees that The Journey Program, It's sponsors and any of its affiliated companies, insured interests, their officers, agents, employees, representatives, and executors, shall not be liable for any claim, demand, cause, or action of any kind, whatsoever for, or on the account of death, personal injury, onset of lymphedema, property loss or damage resulting from participation in a session.

Participant: _____

Date: _____

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Journey: Cancer Exercise Wellness Program