



A Matter of Balance PARTICIPATION WAIVER

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Email: _____

ACKNOWLEDGEMENT OF PERSONAL RESPONSIBILITY AND CONSENT:

I understand that *A Matter of Balance* has an exercise portion of the program which may enhance my wellness, I confirm that my physical condition is fit to safely participate in *A Matter of Balance* exercises.

In consideration for participation (a) I hereby accept full responsibility for and assume the risk of any injuries sustained because of my participation in practice or lessons involving *A Matter of Balance*, and (b) I hereby release and hold harmless, Holmes County General Health District, Danbury Senior Living, Master Trainer Kerry MacQueen, Coach Pam Leach, and all persons in association with the practice of *A Matter of Balance*.

Signature of Participant: _____

Date: _____