



**EXERCISE WAIVER FOR EASTERN
CONNECTICUT HEALTH NETWORK PROGRAMS**

Name _____

In completing my registration to participate in this program, I AGREE THAT I HAVE READ THIS AGREEMENT IN ITS ENTIRETY AND FULLY UNDERSTAND ITS TERMS. I REPRESENT that I understand the nature of Program, have been given an opportunity to ask questions related to the Program, and that I am qualified, in good health, and in proper physical condition to participate in such Program.

I FULLY UNDERSTAND that the activities of the Program involve certain RISKS OF SERIOUS BODILY INJURY, and that these Risks may be caused by my own actions or inactions or the actions or inactions of other participants in the Program. To the extent my participation in the Program is conducted virtually, I further understand that there is an increase in such Risks caused by my environment and agree to keep clear all debris and obstacles from my environment during the Program. I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES that I may incur as a result of my participation in the Program. I FURTHER RELEASE, DISCHARGE, AND COVENANT NOT TO SUE PROSPECT ECHN, INC., their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants (each considered one of the "RELEASES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE "RELEASEES" OR OTHERWISE. I acknowledge that this will require light physical exercise, so I will check with my general practitioner should I have any concerns about joining this class offering.

Date: _____

Signature (Print name): _____