



**PARTICIPANT RELEASE FORM**

I understand and agree that there are risks, both foreseeable and unpredictable, associated with any exercise program. I am aware of these risks and agree that the participation of \_\_\_\_\_ is at his/her own risk.

\_\_\_\_\_  
(Participant's name)

If his/her application for the Continuing Education \_\_\_\_\_

\_\_\_\_\_ class is accepted and he/she is permitted to participate in this class, I understand and agree that neither NEO nor any other co-sponsoring organization or facility, nor their respective chapters, officers, directors, employees, agents, members or volunteers shall assume or have any responsibility or liability for expenses or medical treatment or for compensation for any injury he/she may suffer during or resulting from his/her participation in this class. As parent/guardian, I do hereby, for \_\_\_\_\_,

\_\_\_\_\_  
(Participant's name)

his/her heirs, executors and administrators, waive, release, and forever discharge any and all rights and claims for damages that he/she may have or that may hereafter accrue to him/her arising out of or in any way connected with his/her participation in this or any future programs.

I also represent and warrant that I have been advised to seek consultation from \_\_\_\_\_'s doctor about whether he/she can safely

\_\_\_\_\_  
(Participant's name)

participate in this program and whether there are precautions or limitations to his/her participation.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness