

Guest Waiver



I acknowledge that I have voluntarily chosen to participate in a program of progressive physical exercise. I acknowledge that the strenuous nature of the program and the risks associated with my participation in the program have been explained to me, including, but not limited to, risks of physical injury, abnormal blood pressure, heart attack and death; and risks associated with the negligence of a Healthways participating location and any other organization participating or involved in providing or promoting any classes, functions, programs, testing, or other activities that I participate in at a Healthways location (including without limitation the owners, officers, directors, employees, and representatives of any of the foregoing).

By signing this document, I expressly assume all risk for my health and well-being and expressly assume the other risks associated with participating in the program, including, but not limited to, the negligence of a Healthways participating location and any other organization participating or involved in providing or promoting any classes, functions, programs, testing, or other activities that I participate in at a participating location (including without limitation the owners, officers, directors, employees, and representatives of the foregoing). I also hereby release, waive, discharge and covenant not to sue an instructor, a Healthways participating location, any sponsoring organization, Healthways, Inc., or any of its subsidiaries or any other organization providing or promoting classes, functions, programs, testing, or other activities that I participated in at a Healthways location (including without limitation the owners, officers, directors, employees, and representatives of any of the foregoing) at any time hereafter, from any and all demands, liabilities, losses, or damages (including death or damage to property) caused or alleged to be caused in whole or in part by the negligence of any of the foregoing people or entities.

I have read, understand, had explained to me, and had the opportunity to ask questions concerning this waiver, release, and express assumption of risk. I have also read, understand, and will adhere to all guidelines and policies in regard to this benefit. This waiver and release shall survive the term of any agreement with a Healthways participating location.

Print Member's Name

Member's Signature

Date

Emergency Contact Name

Contact Phone Number

Participating Location Name and Staff Signature

Date

