Indian Health Care Resource Center of Tulsa

**Exercise program**

Indian Health Care Center of Tulsa, Inc.

### 550 South Peoria, Tulsa OK 74120

**(918) 588-1900**

**RELEASE OF LIABILITY**

I understand that there may be risks of physical harm, foreseen or unforeseen, associated with participation in the activities included in the IHCRC Exercise Program (“Program”) and that cannot be excluded without eliminating the opportunity for physical activity benefits. These inherent risks include exposure to the dangers of serious personal injury (sore muscles, sprains, broken bones, etc.), and death (“Injuries and Death”). I know that Injuries and Death can occur by natural causes or activities of other persons. I nevertheless want to participate in the Program and I hereby voluntarily and freely assume all risks associated with that participation. In consideration for my self being allowed to participate in the Program, the undersigned individual waives all liability for any damages the participant may suffer and release and agree to hold harmless the Board of Directors, the staff, the funders, Indian Health Care Resource Center, from any costs or liability for damages arising from any injury, loss, accidents, delay or irregularity related to the participant’s planned participation or involvement in the project.

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Printed Name

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Client or Legal Guardian Signature Date