



Waiver and Release for the Participation in Fitness Classes

I understand that participation in recreational, wellness, exercise and/or fitness programs offered by the North Valley live well be well Program (collectively, "Fitness Classes") involves a risk that I may suffer personal injury or other damages. My participation in Fitness Classes is entirely voluntary.

In exchange for my participation in the Fitness Classes, I:

- **assume any and all risk of accident, personal injury, damage or loss to my person or my property because of my participation in the Fitness Classes or due to any dangerous conditions in and around the premises, and waive any right to notice of the existence of such conditions, and;**
- **release and forever discharge Kaiser Foundation Hospitals, The Permanente Medical Group, Inc., Kaiser Foundation Health Plan (collectively, "Kaiser Permanente"), and everyone employed by or acting on behalf of Kaiser Permanente, from any and all claims, liabilities, losses, causes of actions and demands of every kind, nature and character which I may have, or may hereafter acquire, whether foreseeable or unforeseeable, resulting from or related to my participation in any Fitness Classes.**

I will follow all rules and regulations regarding participation in Fitness Classes that may be posted or otherwise provided by Kaiser Permanente or anyone acting on behalf of Kaiser Permanente.

I will obtain or have already obtained a physical examination from a medical doctor to determine my present health and medical condition before beginning any program of exercise or activity, including participation in any Fitness Classes, and will not engage in activities against medical advice.

I am not aware of any physical, mental or emotional condition that might impair my ability to safely participate in Fitness Classes.

I have read this entire release and waiver prior to signing and am fully aware of the legal consequences of signing this document.

Signature: _____

Date: _____

Name (Print): _____

Please fax signed form to Ale Wilson, MPH, Sr Health Educator at (916) 474-6275