

# UNIVERSITY OF NEBRASKA MEDICAL CENTER

## CONSENT FOR EXERCISE PARTICIPATION

I, the undersigned, desire to participate in an exercise program in order to improve my physical fitness. I understand that it is my responsibility to determine if the exercise program is appropriate for me based on my own age, health and physical condition and I am responsible for monitoring my own condition throughout the exercise program. Further, I agree to consult my physician and obtain written permission from my physician prior to my participation in the exercise program.

In consideration of participation in the exercise program, I acknowledge the risks associated with physical exercise and release the University of Nebraska Medical Center and their employees from any injury, illness or accident that I may suffer while participating in the exercise program.

\_\_\_\_\_

Date

\_\_\_\_\_

Participant's Signature

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Parent/Guardian (if under 18) Signature

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Parent/Guardian Printed Name