

NORWICH
ORTHOPEDIC
GROUP, PC
82 New Park Avenue
North Franklin, CT 06254

This form is an important legal document. It explains the risks you are assuming by beginning an exercise program. It is critical that you read and understand it completely. After you have done so, please print your name legibly and sign in the spaces provided at the bottom.

Waiver, Informed Consent, and Covenant Not to Sue

I, _____, have volunteered to participate in a program of physical exercise under the direction of Norwich Orthopedic Group, P.C. which will include, but may not be limited to, weight and/or resistance training. In consideration of the Norwich Orthopedic Group, P.C.'s agreement to instruct, assist, and train me, I do here and forever release and discharge and hereby hold it, its owners, directors, officers, employees, agents and contractors harmless from any claims, the demands, damages, rights of action or causes of action, including for damages, punitive damages, attorney's fees and costs present or future, arising out of or connected with my participation in this or any exercise program including any injuries resulting therefrom. **THIS WAIVER AND RELEASE OF LIABILITY INCLUDES, WITHOUT LIMITATION, INJURIES WHICH MAY OCCUR AS A RESULT OF (1) EQUIPMENT THAT MAY MALFUNCTION OR BREAK (2) ANY SLIP, FALL, DROPPING OF EQUIPMENT AND (3) OUR NEGLIGENT INSTRUCTION OR SUPERVISION.**

Assumption of Risk

I, _____, represent that I am able to participate in this program and that I have not communicated to Norwich Orthopedic Group, P.C. any health issue or limitation on my participation that isn't expressed in this document.

I recognize that exercise might be difficult and strenuous and that there could be dangers inherent in exercise for some individuals. I acknowledge that the possibility of certain unusual physical changes during exercise does exist. These changes included abnormal blood pressure; fainting; disorders in heartbeat, heart attack; and, in rare instances, death.

I understand that as a result of my participation in an exercise program, I could suffer an injury or physical disorder that could result in my becoming partially or totally disabled in incapable of performing any gainful employment or having a normal social life.

I acknowledge and agree that I assume the risks associated with any and all activities and/or exercises in which I participate.

I acknowledge and agree that no warranties or representations have been made to me regarding the results I will achieve from this program. I understand that results are individual and may vary.

I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. BY SIGNING THIS DOCUMENT, I AM WAIVING ANY RIGHT I OR MY SUCCESSORS MIGHT HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST NORWICH ORTHOPEDIC GROUP, P.C. FOR YOUR NEGLIGENCE OR THAT OF YOUR EMPLOYEES, AGENTS, OR CONTRACTORS.

Participant's signature (parent/guardian if under 18)

Date

Please print name