

As a participant in this class, the undersigned agrees to indemnify and release and hold harmless AgeOptions and organizations affiliated with Illinois Pathways to Health, their directors, officers, employees, and agents from any loss, liability, injury, cost, or damage they may incur resulting from such class participation.

In addition, by signing below, the undersigned agrees:

- Information provided in the class does not replace the advice of medical professionals;
- To address concerns with the undersigned's medical provider if the undersigned believes the information in the class conflicts with the advice of the undersigned's medical provider;
- The undersigned has been informed that the sessions may include light to moderate exercise, including stretching, balance, and range of motion exercises;
- The undersigned assumes full responsibility for and risk of bodily injury, death, or property damage due to negligence or releaseses or otherwise while participating in any class affiliated with Illinois Pathways to Health by AgeOptions; and
- To work within their own comfort zone and agrees to stop participating if they feel any pain or discomfort and will let one of the class instructors know about their condition or concerns.

Participant's Printed Name: _____

Participant Signature: _____ Date: _____