Consent to Participate and Waiver of Liability

Participants are encouraged to participate in this weight loss and/or physical activity program safely. As with any weight loss and/or physical activity program, there are risks, including but not limited to increased heart stress and the chance of musculoskeletal injuries. In volunteering to participate in this weight loss and/or physical activity opportunity, you agree that, to your knowledge, you have no limiting physical conditions, eating disorder or disability that would prohibit a weight loss and/or physical activity program.

A physician's examination is recommended for all participants with any weight loss and/or physical activity restrictions, heart problems, high blood pressure, chest pain, dizziness, relevant surgeries, diabetes, asthma, epilepsy, arthritis, history of eating disorder or significant injury to any part of the body. If for any reason you are unable or unwilling to engage in these weight loss and/or physical activities, you can withdraw at any time. As an example, you should stop participating immediately if you develop chest pain, or pain in the shoulder, neck, arm or back, or if you experience dizziness or injury or have any concern for any other reason that participating may result in injury. By signing below, you accept full responsibility for your own health and well-being and you acknowledge an understanding that no responsibility is assumed by the University of Missouri or any other related agency or representative.

In consideration of my participation in this program, I agree, on behalf of myself, my assigns, executors, and heirs, to release and hold harmless The Curators of the University of Missouri and their trustees, officers, employees, and agents from any and all liability, damage, or claim of any nature whatsoever arising out of my participation from this program.

I understand that the University may not provide any accident or medical insurance. I have read and understand the terms of this document and agree to all terms and conditions. I am of lawful age and legally competent to sign this waiver and release, and I have signed this document as my own free act.

Class Name: _____ Start Date: _____ End Date: _____

Name (Printed)	Signature	Date	Employee ID #