Oklahoma Cooperative Extension Service

Waiver of Liability/Informed Consent

I, ____________________________________________, have enrolled in a program of low-impact physical activity including, but not limited to, (list what you are doing – walking, stretching, etc.)

_____________________________________________________________________

offered by a non-certified or licensed educator or volunteer of the Cooperative Extension Service. I hereby affirm that I am in good physical condition and do not suffer from any disability that would prevent or limit my participation in this exercise program.

In consideration of my participation in a physical activity or exercise program,

I, ____________________________________________, for myself, my heirs and assigns, hereby release the Oklahoma Cooperative Extension Service and its employees from any claims, demands and causes of action arising from my participation in the exercise program.

I fully understand that I may injure myself as a result of my voluntary participation in any exercise or physical activity program and I hereby release the Oklahoma Cooperative Extension Service, Oklahoma State University and the State of Oklahoma from any liability now or in the future including, but not limited to, heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/lowerback/foot injuries, and other illness, soreness, or injury, however caused, occurring during or after my participation in the exercise program.

I hereby affirm that I have read and fully understand the above.

_______________________________________________________________________ Signature

_____________________________________________________________________

Date