



# Exercise Class Participant Release Form

[Please print]

Class/Class Series/Activity: \_\_\_\_\_

HCLS Branch: \_\_\_\_\_ Date(s): \_\_\_\_\_

I, \_\_\_\_\_ wish to participate in  
                                    First                                    MI                                    Last  
the above noted class, series of classes, or activity taking place at Howard County Library System (HCLS).

I understand:

- That any form of exercise involves *potential risks and dangers* that can result in physical, mental, and bodily injuries, even death, especially for those with certain conditions, including but not limited to: high blood pressure, pregnancy, and diabetes.
- The importance of consulting with my doctor or other health practitioner before starting any new exercise program.

I further understand that:

- I must wear shoes at all times.
- HCLS staff will call 911 in the event of an emergency.

**Release from Liability.** I, my successors and assigns, agree to save and hold harmless HCLS and Howard County, MD, their officers, employees, and agents, from all cost, injury and damage incurred as a result of my participation in this class, and from any other injury or damage to any person or property whatsoever, resulting from my participation in this class.

I certify that I am at least eighteen (18) years of age and have the legal capacity to execute this Participant Release Form on my own behalf.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tel.: (h) \_\_\_\_\_ (c) \_\_\_\_\_

Email: \_\_\_\_\_