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Participant Release Form

I understand and agree that there are risks, foreseeable and unpredictable, associated with any exercise program. I am aware of these risks and agree that my participation is at my own risk. If my application for the Arthritis Foundation YMCA Aquatic Program is accepted and I am permitted to participate in this program, I understand and agree that neither the Arthritis Foundation nor the YMCA of the USA nor any other c-sponsoring organization or facility, nor their respective chapters, officers, directors, employees, agents, members, or volunteers shall assume or have any responsibility or liability for expenses or medical treatment or for compensation for any injury that I may suffer during or resulting from my participation in this program. I do hereby, for myself, my heirs, executors and administrators, waive, release, and forever discharge any and all rights and claims for damages that I may have or that may hereafter accrue to me arising out of or in any way connected with my participation in this or any future programs.

I also represent and warrant that I have been advised to seek consultation from my doctor about whether I can safely participate in this program and whether there are precautions or limitations to my participation.

Participant's Signature

Date

I give permission to:

Name of physician

Address

City

State

Zip

Phone

to complete the Diagnosis Verification Form (optional, depending on chapter's requirements)

Participant's Signature

Date