



PROJECT HEALTHY BONES



PARTICIPANT AGREEMENT/RELEASE

I, _____, understand and confirm that
(print name)

my participation in this Healthy Bones Program is voluntary. I agree that during my participation I will exercise at a comfortable level and will stop exercising if it becomes uncomfortable, in order to prevent any illness or injury. I hereby release the New Jersey Department of Human Services, Morristown Medical Center, Lead Coordinators, Host Site, Peer Leaders and their officials, directors, members, agents, and/or employees from any liability or claims for personal injury or otherwise arising from my participation in Project Healthy Bones.

Signature

Date

CONTACT INFORMATION

Street Address

Apt

City

State

Zip

Home phone

Cell phone

Email

EMERGENCY CONTACT

Name

Relationship

Home phone

Cell phone

You must submit a completed release and medical forms prior to participation in the program.

Email: evita@icgmc.org **Fax:** 609-586-1919 **In person:** provide to Peer Leader at the first class