



# Participant Agreement and 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

Street: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

## EMERGENCY CONTACTS:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## MEDICAL CONDITIONS:

Do you have any medical conditions you want your peer leaders to be aware of?

\_\_\_\_\_  
\_\_\_\_\_