



2011 WHOI FITNESS PROGRAM WAIVER

Please read and acknowledge the following statement:

I understand the risks associated with physical activity and I have medical clearance to participate in an exercise program. I acknowledge that the Woods Hole Oceanographic Institution is not responsible for any health-related risks associated with my participation in the 2011 Fitness Challenge which runs from June 12th through August 20th. I release the Woods Hole Oceanographic Institution and all of its employees from any liability associated with my participation in the Fitness Challenge. I further acknowledge that my participation in the Fitness Challenge is purely voluntary and is a recreational activity.

Print Name:

Signature:

Date: