

2010 WHOI FITNESS PROGRAM WAIVER

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| 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 Fitness Challenge.* *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 that the Fitness Challenge is a recreational activity.* |
| Print Name: |
| Signature: Date: |

