



SOUTHEAST  
DIABETES  
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INITIATIVE



**Southeast Diabetes Faith Initiative Class Participant Waiver Form**

In consideration of being allowed to participate in the physical fitness activities facilitated as a component of The Balm In Gilead’s, Southeast Diabetes Faith Initiative (the Program), I do hereby forever waive, release and discharge The Balm In Gilead, Inc. and its officers, agents, employees, representatives, executors and all others acting on their behalf, including \_\_\_\_\_ and its Pastor and certified Lifestyle Coach, from any and all claims or liabilities for injuries or damages to my person and/or property, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf, arising out of or connected with my participation in any activities of **the Program** or the use of any equipment provided by and/or recommended by the **Lifestyle Coach** (PLEASE INITIAL: \_\_\_\_\_)

I have been informed of, understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also have been informed of, understand and am aware that fitness activities involve a risk of injury, including a remote risk of death or serious disability, and that I am voluntarily participating in these activities and using equipment and machinery with full knowledge, understanding and appreciation of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death. (PLEASE INITIAL: \_\_\_\_\_)

I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in these activities or use of equipment or machinery. I do hereby acknowledge that I have been informed of the need for a physician’s approval for my participation in the exercise activities, programs and use of exercise equipment if so instructed by the **Lifestyle Coach**. I acknowledge that either I have had a physical examination and have been given my physician’s permission to participate or I have decided to participate in the exercise activities, programs



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and use of equipment without the approval of my physician and do hereby assume all responsibility for my participation in said activities, programs and use of equipment. (PLEASE INITIAL: \_\_\_\_\_)

I understand that my participation in an exercise/fitness program being provided and maintained by *the Program* does not constitute an acknowledgment, representation or indication of my physiological well-being or a medical opinion relating thereto. (PLEASE INITIAL: \_\_\_\_\_)

Date: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Lifestyle Coach Name: \_\_\_\_\_

Signature: \_\_\_\_\_