

Fax: (212) 772-4302



Waiver of Liability/Informed Consent Form

I, (print name here) _____ hereby affirm that I am in good physical condition and do not suffer from any disability which would prevent my participation in an exercise program (including swimming).

I fully understand that I may injure myself as a result of participation in an exercise activity. I and my heirs hereby release Hunter College and its trained instructors from any liability now or in the future including, but not limited to, heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heart prostration, injuries to the knee, lower back, foot or any other illness, soreness or injury however caused occurring during or after my participation in the exercise program, as well as from claims, demands and causes of action arising from my participation in this activity.

I hereby affirm that I have read and fully understand the above.

Signature

Date

Witness

Date