

QIGONG 4 HEALTHY AGING

LIABILITY WAIVER AND RELEASE FORM

I am consenting to participate in Qigong exercises provided by Cynthia Bell Niermann, who is conducting the program as a qualified Qigong instructor. I acknowledge that this program is designed to improve my personal fitness and enhance healthy aging, and that it will require bodily movement, stretching, rhythmic exercise routines, and like physical activity on a routine basis, both during the qualified instruction sessions and also exercise sessions which I may do on my own. I am aware that there may be health risks connected with my participation, including muscle sprains and strains. Even though the program is gentle and measured on the cardio-vascular system of the body, every person's health condition is unique. If I experience any injury or any adverse symptoms as the result of my participation, I will notify Cynthia Bell Niermann immediately, discontinue the activity and consult my doctor.

So far as I know and believe, I am now healthy and am able to perform the physical requirements of Qigong. I have no known infirmities that would prevent me from following the Qigong exercise routines.

Therefore, in consideration for my voluntary participation in the Fitness Program I, along with all of my heirs, assigns, and representatives, hereby waive, release, and forever discharge Cynthia Bell Niermann and Qigong 4 Healthy Aging from any and all responsibilities, liabilities and lawsuits, present or future, and causes of action for ordinary negligence, whether foreseeable or unforeseeable, arising out of or related in any manner directly or indirectly from my participation in Qigong 4 Healthy Aging. This waiver includes, but is not limited to such claims that may result from any injury, illness, or death, accidental or otherwise, during or arising in any way from my participation in any exercise associated with Qigong 4 Healthy Aging.

By my signature on this waiver form I acknowledge that I have been advised to consult with my personal physician before commencing this program or any other exercise program which will require physical exertion, and I also certify that I am participating in the Qigong sessions at my sole risk.

I have read the above Fitness Program Waiver and Release of Liability and have had any questions answered to my satisfaction.

Signature

Name: (Print) _____

Email: _____

Address: _____

Phone: _____