Release & Medical Consent: I agree to the above names person’s participation in King’s College’s Health and Wellness Programs, and waive, discharge, and forever hold harmless King’s College, its officers, directors, employees and all other liabilities, claims, cause, damages or demands resulting from participation in usage of equipment, or participation in classes. In event of an emergency, I authorize that medical attention be administered to the participant names above. I also authorize King’s College to photograph me and acknowledge that all photographs become the property of King’s College and will be used exclusively for the program efforts of King’s College.

King’s College recommends that you check with your physician before beginning any workout program.

Print Name

Signature

Date

Phone/ Emergency Phone