



Living Well Cancer Resources

Wellness Programs and Services Consent and Release Form

I, the undersigned, have registered for a class(es) and/or services conducted by the Northwestern Medicine LivingWell Cancer Resources. I understand that, prior to beginning any Northwestern Medicine Living Well Cancer Resources class, I may need approval from my physician. I represent that I am in good physical condition and do not suffer from any disability that would limit or prevent my participation in the class(es) and/or services.

I understand that my participation in the class(es) and/or services is voluntary and I hereby consent to participate in the class(es) and/or services. I acknowledge and agree that my participation in the class(es) and/or services and the use of any equipment on premises while doing so may involve risk of personal injury.

I assume full responsibility for all risks related to my participation. In consideration for my participation in the Northwestern Medicine Living Well Cancer Resources class(es) and/or services, I agree to hold Northwestern Medicine Living Well Cancer Resources, its parent, subsidiaries and affiliated corporations, and its/their respective past, present, and future directors, officers, employees and agents (“NM”) harmless from all liability and claims arising out of or in connection with my participation in the class(es) and/or services. I hereby release and discharge NM from all liability arising out of or in connection with the class(es) and/or services. I understand that I am solely responsible for any loss or injury suffered by me or my property resulting from my participation in the class(es) and/or services.

By signing this document, I hereby confirm that I have read fully and understand the above statements.

Participant Signature

____/____/_____
Date

(Please print participant name)