

**DISCLAIMER AND WAIVER
HEALTH AND WELLNESS MINISTRY**

Name of Location: _____

Name of Participant: _____

Name of Program: _____

Name of Program Director/Service Provider: _____

Dates of Program: _____

I am voluntarily participating in the Program. I understand and agree that this Program is not under the control of the pastor, the principal, Location's employees or agents, and I acknowledge that the Location is not endorsing, vouching for, or exercising any oversight over the Program or the Program's Director/Service Provider. I agree that I will not make any claims against the Location for any injuries I may sustain as a consequence of my participating in the Program or acting upon any advice I may receive from those conducting the Program.

The Location disclaims all responsibility for the Program, its contents, participants or Director/Service Providers. The Location is only making available the space where the Program is conducted.

I understand that the Program is sponsored and services are provided by the Program Director/Service Provider and/or his/her designated representative(s). Program Director/Service Provider is solely responsible for all activities conducted in connection with the Program, including but not limited to, assessing my physical and mental ability to participate in the classes or other Program activities. If I have questions about Program Director/Service Provider's qualifications or about coverage for insurance for any injuries I may sustain during, or as a consequence of, my participation in the Program, I will direct them to Program Director/Service Provider.

I represent that I have understood this Disclaimer and Waiver and am competent to agree to its terms and conditions.

DATED: _____

NAME: _____

SIGNATURE: _____