

***Express Assumption of Risk***

I, the undersigned, hereby expressly and affirmatively state that I wish to participate in Lee Center for Rehabilitation & Wellness. I realize that my participation in this activity involves risks of injury, including but not limited to musculoskeletal, cardiopulmonary, and even the possibility of death. I also recognize that there are many other risks of injury, including serious disabling injuries, that may arise due to my participation in this activity and that it is not possible to specifically list each and every individual injury risk. However, knowing the material risks and appreciating, knowing, and reasonably anticipating that other injuries and even death are a possibility, I hereby expressly assume all of the delineated risks of injury, all other possible risk of injury, and even risk of death, which could occur by reason of my participation.

I have had an opportunity to ask questions. Any questions I have asked have been answered to my complete satisfaction. I understand the risks of my participation in this activity, and knowing and appreciating these risks I voluntarily choose to participate, assuming all risks of injury or even death due to my participation.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
OR SIGNATURE OF PARENT, IF PARTICIPANT IS A MINOR

Witness: \_\_\_\_\_

**Notes of questions and answers:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***This is, as stated, a true and accurate record of what was asked and answered.***

Participant: \_\_\_\_\_

Staff Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_