

MVP Living Well Registration & Participation Waiver



I acknowledge that I have voluntarily chosen to participate in a program of physical exercise, recreational activity, and/or educational nature that may be offered in a virtual / on-line manner and/or via an in-person experience. I acknowledge that I have consulted with my medical provider regarding the risks associated with participation in an exercise program and the associated risks. I understand that the risks may include but are not limited to physical injury, abnormal blood pressure, heart attack and/or death. By signing this waiver, I expressly assume all risk for my health and well-being and expressly assume the other risks associated with participating in the *Living Well Programs from MVP Health Care* (the "Program"). I hereby waive any and all rights or causes of action of any kind against MVP, arising out of my participation in the Program, including but not limited to, for the negligence of MVP Health Care Inc., its subsidiaries, vendors, and the MVP Health Care Wellness Center. I have read and understand this waiver, release, and express assumption of risk. I also agree to adhere to all guidelines and policies in regard to this benefit. The waiver and release shall survive the term of my participation in the Program and is valid for the year listed above unless revoke in writing. **(Minor Participation and Release Waiver-see backside of this page).**

Print Name: _____ DOB: _____
Address: _____ Phone# _____
City/State/Zip _____ MVP Member? **Yes** or **No** (Circle One)
Email: _____
Signature: _____ Date: _____

Permission to Use Words/Photos/Images

I hereby grant permission to MVP Health Care, its affiliates and subsidiaries (collectively, the "Company") and Company's assigns, licensees and successors to use written or spoken words, photographs, photographic images, name, audio recording, and/or video recording of me for purposes of general publicity in any medium whatsoever, including but not limited to publications, public relations, promotions, publicity and advertising. I release Company and Company's assigns, licensees and successors from any claims that may arise regarding the use of my image including any claims of defamation, invasion of privacy, or infringement of moral rights, rights of publicity or copyright. Company is permitted, although not obligated, to include my name as a credit in connection with the image.

I give MVP permission. I DO NOT give MVP permission.

Program: _____ **Location:** _____ **Session/Year:** _____

Turn Over for Minor Participation and Release Waiver





Liability Waiver And Release Form (MINOR)

I hereby certify that I am the adult parent or guardian of _____, a minor child under that age of eighteen years, and I consent to their participation in this program.

I acknowledge that I have voluntarily chosen to allow said minor to participate in a program of physical exercise, recreational activity, and/or educational nature that may be offered in a virtual / on-line manner and/or via an in-person experience. I represent and warrant that I have consulted with the minor's medical provider regarding the risks associated with participation in an exercise program and the associated risks. I understand and agree that the risks may include, but are not limited to, physical injury, abnormal blood pressure, heart attack and/or death. By signing this waiver, I expressly assume all risk for said minor's health and well-being and expressly assume the other risks associated with the minor participating in the *Living Well Programs from MVP Health Care* (the "Program"). I hereby waive any and all rights or causes of action of any kind against MVP, arising out of the minor's participation in the Program, including but not limited to, for the negligence of MVP Health Care Inc., its subsidiaries, vendors, and the MVP Health Care Wellness Center. I have read and understand this waiver, release, and express assumption of risk. I also agree to adhere to all guidelines and policies in regard to this benefit. The waiver and release shall survive the term of my participation in the Program. The waiver and release is valid for the year listed above unless revoked in writing.

Minor's Full Name: _____ DOB: _____

Parent/ Legal Guardian Signature _____ Date _____

Parent/Legal Guardian Name (Please Print) _____