



Participant Waiver and Release Form

TIME™ at Home Exercise Video

I have consulted with my healthcare provider regarding my participation in a wellness and recreational program. I am not aware of any concerns regarding my participation.

I understand that this program:

- is intended to be a general wellness and recreational program.
- includes physical exercises that will be supervised by a trained facilitator.

I understand that this program is not intended to be:

- a rehabilitation program.
- physical therapy to correct a particular impairment or disability.
- relied upon as therapeutic or as medical advice.

It is my responsibility to let the facilitator know if I am uncomfortable in any way during the exercises. If I have any medical concerns I will consult with my healthcare provider.

I agree to complete the TIME™ *Safety Information and Set Up* video in its entirety to understand how to set up and participate safely prior to starting the program.

I understand that there are risks in any wellness, exercise and recreational program. I willingly assume these risks and will not now or anytime in the future hold, [your organization's name] or University Health Network (UHN) - Toronto Rehabilitation Institute, or their respective officers, directors, employees, agents or volunteers responsible for any harm, loss, damages or other consequences that I may suffer or may otherwise arise as a result of my participation in this wellness and recreational program, except to the extent that such were caused by community organization's or facilitator's negligence, willful misconduct or material breach of the TIME™ license.

Name of participant (please print)

Signature of participant

Date: _____