



Cancer Wellness Program Waiver and Photo Release

***Please return completed form to
StrengthForLifeNY@gmail.com**

Name: _____ DOB: _____

Address: _____

Phone: _____ Email: _____

Oncologist: _____ DX: _____

Waiver and Release Agreement

The undersigned hereby releases Strength For Life, along with its agents, directors, officers, employees, and instructors, from any and all claims, costs, liabilities, expenses, or judgments, including legal fees and court costs, arising from any injuries of any kind sustained as a result of participation in the exercise and wellness program for cancer patients, thrivers, and survivors in which I am enrolled.

Acknowledgements:

1. I confirm that I have consulted with my oncologist or primary care physician regarding my participation in this program. My doctor has informed me of any potential risks, and I have obtained medical clearance and permission to engage in the exercises included in this program.
2. I agree to participate in activities that are appropriate for my current physical condition and medical status, limiting my involvement to what is tolerable and safe for me.
3. I understand and acknowledge that I am waiving and releasing Strength For Life, its agents, directors, officers, employees, and instructors from any and all claims, costs, liabilities, expenses, or judgments, including legal fees and court costs, arising from my participation in this program. Additionally, I agree to indemnify and hold harmless the sponsoring facility from any related claims.
4. I acknowledge that any exercise equipment provided to me may degrade over time due to repeated use, potentially causing injury. I accept responsibility for ensuring the equipment I use is in proper condition for its intended purpose. In the event of an injury caused by faulty equipment, including manufacturer defect, or any other circumstances, I agree to indemnify and hold harmless Strength For Life from any related claims.
5. I confirm that my participation in this program is solely for the purpose of improving my personal health. I agree not to teach or replicate this program for my own or another organization's use. I understand that all materials and exercise routines provided are the exclusive property of Strength For Life and are intended solely for my personal use.
6. I grant Strength For Life permission to use my photographs or videos for promotional purposes. I understand these images or videos may be used in social media, print publications, online publications, websites, presentations, or other reasonable formats. I acknowledge that I will not receive any royalty, fee, or compensation for such use.
7. I confirm that I have read and fully understand this Waiver and Release Agreement.

Signature: _____

Name (Printed): _____