

Barbara L. Posner Wellness & Support Center Release Form for Virtual Class Attendance

I agree and give permission to participate in the virtual Qi Gong, Yoga and/or Wellness Workshops offered by the UM St. Joseph Medical Center Cancer Institute's Barbara L. Posner Wellness & Support Center. I understand and acknowledge the following:

1. Qi Gong classes are led by a certified Qi Gong instructor; yoga classes are led by a RYT (registered yoga teacher) 200 certified yoga instructor; and the Wellness Workshops are led by a holistic and integrative Registered Nurse.
2. I understand that these sessions are for recreational purposes only and are not intended to be medically therapeutic, and that I am participating at my own risk.
3. I understand that I should consult a health care provider regarding my ability to participate in any exercise or fitness activity.
4. I agree to adhere to the rules of usage of UM St. Joseph Cancer Institute's Barbara L. Posner Wellness & Support Center regarding following staff directions of staff, wearing appropriate exercise attire, including footwear, personal protective equipment, etc.

I have read this information and understand it. I accept the risks, rules and guidance set forth herein on behalf of myself. I, on my own behalf, waive and release any rights and claims for damages I may incur now or in the future against University of Maryland St. Joseph Medical Center, the University of Maryland St. Joseph Medical Center Cancer Institute and the Barbara L. Posner Wellness & Support Center, its employees, agents and volunteers for any injuries resulting from my participation in the Qi Gong classes, yoga classes and Wellness Workshops.

Signature: _____

Date: _____