CONSENT AND RELEASE FORM

Ι,		, do	hereby	consent	to my	voluntar
participation in Westminster, MA	the classes held a		•		•	
MA and all its en and organization claims, rights of in the future, dir	ee to forever release inployees, agents, be as assisting or parti- action and causes of ectly or indirectly, ation in classes held.	oard members cipating in the faction that needs from personal	s, volunte ne volunta nay have nl injuries	ers and an ary program arisen in the or proper	y and all m from a he past, or ty damag	individual any and al r may aris e resulting
and all legal claim past, or may be a	mise to indemnify, ms and proceedings sserted in the future age resulting from er, MA.	of any descri e, directly or	ption that indirectly	t may have , arising fr	been assorom person	erted in th nal injurie
physical risks i responsibility to condition, which responsibility for	icipating in classes avolved with strent consult with my D would prevent me any risk or injury elease and waiver of ons stated above.	nuous exercis octor regardir from taking I may sustain	se and ung my part in the as a resu	inderstand rticipation. nese classe ult of my p	it is m I have i es, and I a participati	y persona no medica assume the on. I have
Name						
Address						
Telephone						
Email						
Limitations or in	uries					
In an emergency	contact					
Date		Signature				