



## **INFORMED CONSENT AND RELEASE**

I have been informed by the instructor of this City of Boulder class or activity that in addition to the risk(s) normally inherent to exercise, my written responses on the PAR-Q indicate that I may be subject to an additional or elevated risk(s) from exercise. I have reviewed my completed PAR-Q with the instructor of this class or activity, who on this basis recommended strongly that I obtain medical clearance from my doctor before participating in this class or activity.

I nonetheless elect voluntarily to participate in this class or activity prior to, or in lieu of, obtaining medical clearance from my doctor. I acknowledge that I have been informed fully of the potential additional risk(s) of my participation in this class or activity. I understand and accept voluntarily these additional risk(s).

I release all claims which may arise against, and agree not to sue, the City of Boulder and its officers, agents, employees and authorized volunteers, on my behalf as a result of participating in this class or activity.

I further agree to indemnify, hold harmless and defend the City of Boulder and its officers, agents, employees, and authorized volunteers from any and all claims by other parties resulting from injuries, damages, and losses caused by me arising out of, connected with, or in any way associated with this class or activity.

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Name of Class or Activity (Print)

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Name of Participant (Print)

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Signature of Participant

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Date

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Name of City of Boulder Employee

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Signature City of Boulder Employee

Date