



INFORMED CONSENT AND RELEASE

I have been informed by the coach of this City of Boulder nutrition coaching program that my written responses on the Nutrition Intake Form indicate that I have disclosed a medical condition or other health information that may require further approval from a physician to participate. I have reviewed my completed form with the coach of the nutrition coaching program, who on this basis recommended strongly that I obtain medical clearance from my doctor before participating in this nutrition coaching program.

I nonetheless elect voluntarily to participate in this nutrition coaching program 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 nutrition coaching program. 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 nutrition coaching program.

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 nutrition coaching program.

Name of Class or Activity (Print)

Name of Participant (Print)

Signature of Participant

Date

Name of City of Boulder Employee

Signature City of Boulder Employee

Date