



Participant Agreement and Release

I, _____, understand and confirm that
(Print Name)

my participation in this Healthy Bones Program is voluntary. I agree that during my participation I will exercise at a comfortable level and will stop exercising if it becomes uncomfortable, in order to prevent any illness or injury. I hereby release the New Jersey Department of Human Services, program trainers, lead coordinators, peer leaders, the host site, and their officials, directors, members, agents, and/or employees from any liability or claims for personal injury or otherwise arising from my participation in Project Healthy Bones. I understand that my de-identified data may be used for research to measure and evaluate the effectiveness of this program.

Signature Date

Street: _____ Town: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

EMERGENCY CONTACTS:

1. Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

2. Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

MEDICAL CONDITIONS:

Do you have any medical conditions you want your peer leaders to be aware of?

