



Our goal at the Ho'ola Cancer Exercise Wellness Program and Castle Medical Center, is to provide the client with a personalized exercise fitness routine that involves cardiovascular conditioning, weight training, flexibility and range of motion, core strength and balance, as well as addressing postural imbalances and how to correct them. Our program is specifically designed to address the needs and goals of each individual client. Ho'ola Cancer Exercise Wellness Program and Castle Medical Center are dedicated to the overall success of each client's personal health and fitness program.

1. **Payment**

There is no payment for services by the participant. The program is funded by private donations.

2. **Sessions**

Each session will be one and one-half hours in length on Monday and Thursday evenings. The sessions start at 5:30 p.m. and end at 7:00 p.m.

3. **Physician's Release**

Each individual must submit the Cancer Exercise Wellness Programs medical clearance form in order to participate in the program. The form must be signed by the participant's physician and submitted with the individual's Health History form prior to the start of the program. **Participant's who do not submit the Medical Clearance form will not be allowed to participate.**

4. **Waiver**

The participant is aware that the Ho'ola Cancer Exercise Wellness Program classes involve strength, flexibility, and aerobic exercises which may potentially be hazardous activities. The participant also acknowledges and agrees that these activities involve a risk of injury, lymphedema, and death. Accordingly, the client voluntarily consents to participate in the Ho'ola Cancer Exercise Wellness Program, and assumes the acknowledged risks involved.

The participant hereby waives, releases, and forever discharges the Ho'ola Cancer Exercise Wellness Program, Body Resolve, Inc, and Castle Medical Center and any of its affiliated companies, insured interests, their officers, agents, employees, representatives, and executors, from any and all responsibilities or liability from injuries or damages resulting from participation in a session. The participant also agrees that the Ho'ola Cancer Exercise Wellness Program, Body Resolve, Inc. and Castle Medical Center and any of its affiliated companies, insured interests, their officers, agents, employees, representatives, and executors, shall not be liable for any claim, demand, cause, or action of any kind, whatsoever for, or on the account of death, personal injury, onset of lymphedema, property loss or damage resulting from participation in a session.

Participant: _____ Date: _____