



**Canadian Mental
Health Association**
York and South Simcoe
Mental health for all

Physical Liability Waiver

I am joining a group offered through **CMHA-York Region & South Simcoe**. I recognize that there is some risk involved in participating in a physical activity based group.

I acknowledge that my enrolment and subsequent participation is purely voluntary.

In consideration of my participation in this group, I hereby release:

CMHA-York Region & South Simcoe and its agents from any claims, demands, and causes of action as a result of my voluntary participation and enrolment.

I fully understand that I may injure myself as a result of my enrolment and subsequent participation in this group and I hereby release:

CMHA-York Region & South Simcoe and its agents from any liability now or in the future for conditions that I may obtain such as muscle soreness, muscle pulls, injuries, or any other illness that may occur.

I hereby affirm that I have read and fully understand the above statements.

Participant's Name — Please Print

Participant's Signature

Date