



# CANCER SERVICES

## Release Form – POPin Pilates Exercise Program

**POPin Pilates Exercise Release:** I, for myself, my heirs, executors, administrators, and assigns, forever release and discharge any and all rights, demands, claims for damages and causes of suit or action known or unknown that I may have against Cancer Services, POPin Pilates and all participating parties for any and all injuries in any manner arising from my participation in POPin Pilates Exercise Classes held at Cancer Services, Inc., I attest and verify that I have full knowledge of the risks involved in taking a POPin Pilates Exercise Class, that I assume those risks, and pay my own medical and emergency expenses in the event of an accident, illness or other incapacity, regardless of whether I have authorized such expenses, and that I am physically fit and sufficient to participate in this POPin Pilates Exercise Program. I release the rights to any and all photographic material and computer information that Cancer Services releases for this event without obligation to me.

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

### Client Commitment Agreement

I, \_\_\_\_\_, request to participate in the POPin Pilates Exercise Program for cancer survivors provided by Cancer Services and POPin Pilates. I attest that the information I have provided concerning my health status is accurate and complete. In addition, I agree to notify Cancer Services if any of the information regarding my health status changes so that appropriate changes can be made in my exercise program. I understand that I am committing to participate in the POPin Pilates Program, and will attend scheduled sessions regularly. Should I be unable to attend, I agree to notify Cancer Services of my inability to attend promptly.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date