



**Dance, Exercise or Yoga  
Release, Waiver of Liability and Attestation**

In consideration for my participation in Dance, Exercise or Yoga classes and/or my use of any available exercise equipment (the "Activities"), I knowingly and voluntarily execute this Release, Waiver of Liability and Attestation ("Release"). I HEREBY DISCHARGE AND RELEASE SHANDS TEACHING HOSPITAL AND CLINICS, INC., ITS EMPLOYEES, OFFICERS, DIRECTORS, AGENTS, SUBSIDIARIES AND AFFILIATES, AND THE UNIVERSITY OF FLORIDA BOARD OF TRUSTEES ("RELEASEES") FROM ANY AND ALL CLAIMS, DAMAGES, LIABILITY, AND RESPONSIBILIITY WHATSOEVER, HOWEVER CAUSED, FOR ANY AND ALL DAMAGES, CLAIMS, OR CAUSES OF ACTION THAT I, MY ESTATE, HEIRS, ADMINISTRATORS, EXECUTORS, OR ASSIGNS MAY HAVE FOR ANY LOSS, ILLNESS, PERSONAL INJURY, DEATH OR PROPERTY DAMAGE ARISING OUT OF OR IN ANY MANNER PERTAINING TO MY PARTICIPATION IN THE ACTIVITIES, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERWISE. I AGREE TO ASSUME FULL RESPONSIBILITY FOR ANY PERSONAL INJURY THAT MAY BE SUSTAINED BY ME OR ANY LOSS OR DAMAGE TO MY PERSONAL PROPERTY AS A RESULT OF MY PARTICIPATION IN THE ACTIVITIES.

I acknowledge and agree that participation in the Activities involves exercise and strenuous activity and I should consult with my medical professional before participating in such Activities. I attest that I am physically fit to participate in these Activities. By signing below, I acknowledge and represent that I have read and understand this Release, that I sign it voluntarily and for full and adequate consideration, fully intending to be bound by same, and that I am at least eighteen (18) years of age and fully competent.

I HAVE READ THIS RELEASE, UNDERSTAND THAT I AM GIVING UP RIGHTS BY SIGNING IT AND VOLUNTARILY AGREE TO BE BOUND BY IT.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date