



Participant Waiver & Consent Form

TIME™ In-person Program

I have consulted with my physician, physiotherapist, registered nurse, or nurse practitioner regarding my participation in a wellness, exercise, and recreational program. I am not aware of any concerns regarding my participation in this program.

I understand that this program is intended to be a general wellness and recreational program. It is not intended as rehabilitation or physical therapy to correct a particular impairment or disability. I understand that the exercises I will do during this program will be supervised by community center instructors, not physiotherapists. It is my responsibility to let the instructors know if I am uncomfortable in any way during the exercises. This program does not replace physical therapy. This program is not intended to be relied upon as therapeutic or as medical advice. If you have any medical concerns, please see your health care provider.

I understand that there are risks in any wellness, exercise, and recreational program. I willingly assume these risks and will not now or anytime in the future hold, *[your organizations name]* or University Health Network (UHN) - Toronto Rehabilitation Institute, or their respective officers, directors, employees, agents, or volunteers responsible for any harm, loss, damages, or other consequences that I may suffer or may otherwise arise as a result of my participation in this wellness and recreational program. I understand that the entire risk of participating in this wellness, exercise and recreational program is assumed willingly by me.

Name of participant (please print)

Signature of participant

Date: _____