

**BUMED PHYSICAL FITNESS PROGRAM
AGREEMENT AND INFORMED CONSENT WAIVER**

BUMED encourages all individuals planning to participate in the BUMED Physical Fitness Program to undergo a physical examination by their physician before engaging in any activity. However, if you regularly participate in physical activity, you may read and sign the release below.

If you are unsure of your health, completing BUMED 12000/4, BUMED Physical Fitness Program Medical Self Assessment, may help you discover the existence of some physical conditions that would benefit from a physician's review before engaging in physical activity. Employees who have concerns about their personal health, condition, or physical ability, should not hesitate to secure a physician's consent before participating in an exercise program.

RELEASE

I, the undersigned, wish to participate in the BUMED Physical Fitness Program. I certify and reasonably believe that I am physically able to participate in all of the activities in which I will take part. I do not suffer from any physical condition that might preclude my participation in any of these activities, and I am not under any treatment for any ailment which may be aggravated by my participation in any of these activities.

I am responsible for my activities while exercising and understand the potential danger of overexertion. I recognized that I am responsible for knowledge of my own state of health and I will advise my supervisor of any health problems related to exercising.

I have read and agree to this waiver.

Printed Name

Signature

Date