

FallProof!
Balance and Mobility Training
WAIVER AND RELEASE FORM



I, the undersigned, for myself my heirs, executors and administrators, do hereby absolutely, fully and forever Waive and RELEASE Certified FallProof! instructors, Petaluma People Services Center and the City of Petaluma, its employees, volunteers, agents, and all associated persons and entities, from any and all claims, liabilities and demands for damages, whether known or unknown, including, without limitations, claims for personal injury, pain and suffering, death, and property damage, which may result or arise from my participation in FallProof! Balance and Mobility classes or individual instruction.

I have read, understood and consent to the terms of this waiver and release.

Signature of participant

Date

Participant name (print or write clearly)

Street Address

City

State

Zip

Phone

INSTRUCTOR



**PETALUMA PEOPLE
SERVICES CENTER**