



**MEDICAL NETWORK ONE'S
MICHIGAN INSTITUTE FOR HEALTH ENHANCEMENT**

RELEASE FORM

I voluntarily, unconditionally, and irrevocably agree to release and hold harmless Medical Network One's Michigan Institute for Health Enhancement, its employees, agents, and assigns, from liability for any claims, demands, actions, and causes of action arising from my participation in the fitness demonstration.

I give permission to Medical Network One's Michigan Institute for Health Enhancement, its employees, or agents to secure medical treatment for me in the event that such treatment is required during my participation in the Michigan Institute for Health Enhancement's demonstration, and agree to assume financial responsibility, either individually or through my insurance carrier, for the cost of any such treatment.

I am competent to sign this release, and do so voluntarily, having read and understood its contents.

Volunteer Participant's Name

Volunteer Participant's Signature

Date

Michigan Institute for Health Enhancement
Name

Michigan Institute for Health Enhancement
Signature

Date

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