

WAIVER AND RELEASE FORM

I hereby acknowledge and understand that my participation in the Sanford POWER Center Lease Activity will require physical exertion and calisthenics. By my signature below, I hereby waive and release Sanford Sports, Sanford POWER, Sanford Wellness Center and Sanford Health, and their respective employees, agents or affiliates from any liability and or injuries which may occur while participating in said. "Lease Activity."

Signature: _____

Printed Name: _____

