



**AmeriCorps  
Seniors**

Corporation for  
**NATIONAL &  
COMMUNITY  
SERVICE** 



**AmeriCorps Seniors Retired and Senior Volunteer Program of Collier County  
Bone Builders Informed Consent**

I, the undersigned participant acknowledges, agree, and understand that:

1. I certify that I am physically capable of participation in this activity/program.
2. I understand and confirm that I will choose the level of activity that will not harm me.
3. I agree that in consideration for permission to participate in the **RSVP Bone Builders Program**, I assume all risks of injury incurred or suffered while on the premises where the program is being conducted, including illness related to COVID.
4. **RELEASE:** In consideration of your accepting my application to participate in this program, I hereby for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against the Retired Senior Volunteer Program of Collier County, its sponsor, the Collier County Board of County Commissioners, the site where the **RSVP Bone Builder Exercise Program** is conducted, their agents, representatives, employees, volunteers, class instructors and assigns for any and all injuries or otherwise arising out of or in any way connected to my participation in this exercise program.
5. As a matter of caution, The Retired Senior Program of Collier County strongly recommends that you have accident and health insurance in force when you take part in the **RSVP Bone Builders Program**.
6. I have read the informed consent, understand them and agree to abide by them.

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Name of Person to call in case of emergency:** \_\_\_\_\_

**Telephone number** \_\_\_\_\_

**Witness Name (Print):** \_\_\_\_\_

**Date** \_\_\_\_\_

**Signature:** \_\_\_\_\_

*Your Cell # =* \_\_\_\_\_

*Email =* \_\_\_\_\_