

Safe Falling Class

Session: _____

I understand that the Safe Falling Class is not a fall prevention class, and that the instructors/assistants are not fall prevention/medical experts.

I understand that the balance and strengthening exercises and safe falling techniques presented in the class are suggestions which, when practiced correctly and on a daily basis, could help mitigate serious injury in the event of a fall.

I understand that, if at any time, I experience pain or discomfort while performing any of the activities, it is my responsibility to stop doing the activity and ask the instructor for an alternate and/or modified activity.

I understand that participation in this class and use of the techniques do not guarantee that a fall or injury will not occur.

I understand that there is no class or technique which is a be-all/cure-all to falling or getting hurt.

Print Name: _____

Signature: _____

Date: _____