

Tel: 416-224-6948
Fax: 416-226-3358

285 Cummer Avenue
Toronto, ON M2M 2G1
www.stjohnsrehab.com



**ARTHRITIS AQUATIC PROGRAM
PARTICIPANT RELEASE FORM (FORM 2)**

If my application for the Arthritis Aquatic Program is accepted, I understand and agree that St. John's Rehab Hospital will not assume financial responsibility for any medical expense or compensation for any injury I may suffer either during or resulting from participation in this program.

Name: (please print) _____
Last First

Signature: _____

Witness: _____

Date signed: _____