

AGREEMENT FOR PARTICIPATION IN ACTIVITIES SPONSORED BY

(Name of State Agency) Wellness Committee

Name:	Telephone Number:
Address:	
Department/Division:	Sponsor, if not employee:

- I understand the activities developed by the (Name of State Agency) Wellness Committee are not required, sponsored, or recommended by the (Name of State Agency). Such activities include, but are not limited to; walking clubs, exercise classes, softball games, health club activities, and use of a weightroom.
- I understand that any wellness activities I participate in must be done on my own time, such as during rest breaks, lunch hours, or before or after work hours.
- I understand that it is beneficial for me to seek the advice of my personal physician before participating in strenuous activities.
- My signature on this form indicates my agreement to the three items above, and the Waiver Statement below.

WAIVER STATEMENT

In exchange for participating in activities sponsored by the (Name of State Agency) Wellness Committee, I knowingly and voluntarily assume any and all risk associated with my participation in these activities. I also agree that in the event of any accident, illness or other incapacity or death associated with my participation in the program, I or my estate will assume and pay for all of my medical and emergency care expenses and any other costs arising from any damage, loss or injury to my person or property.

In exchange for permission to participate in activities sponsored by the (Name of State Agency) Wellness Committee, I hereby release and hold harmless the State of Oregon and its agencies, officers, employees, and agents from any or all actions, claims or demands whatsoever that may arise out of my participating in this program. I intend this release and hold harmless agreement to forever bind myself as well as my estate, personal representatives, guardians, conservators, parents, heirs, executors, administrators, or assigns. I hereby agree to the terms and conditions set forth above and such other terms and conditions as the (Name of State Agency) Wellness Committee may establish from time to time.

By my signature below, I hereby represent that I have read, understand, and consent to the terms, conditions, and release from liability pertaining to activities sponsored by the (Name of State Agency) Wellness Committee.

Signature

Date

Signature of legal guardian, if under age 18

Date

Change (italicized) information to name of sponsor and/or agency.

(6/99)