

# Wellness Walk-Off Challenge

## Consent, Waiver and Release of Liability Form

### To be completed by all participants:

I, \_\_\_\_\_ (“Participant”), desire to participate in the  
(Participant’s Name – Please Print)

Wellness Walk-Off Challenge as explained on the Fashion Institute of Technology (“FIT”) website at \_\_\_\_\_ . I certify that I do not have any physical or mental condition or disability that would create a danger or hazard for my participation in the Wellness Walk-Off Challenge. I further certify that I will not engage in excessive or otherwise dangerous physical activity in connection with my participation in the Wellness Walk-Off Challenge, and will otherwise exercise good judgment and common sense. I certify that neither the FIT Wellness Program nor any of its agents or employees has provided me medical advice in conjunction with the Wellness Walk-Off Challenge. I understand that it is recommended that I contact my physician before starting any physical fitness program.

I hereby release FIT, including its trustees, officers, employees, agents and volunteers, from any liability for personal injury, accident or illness (including death) and property loss or damage, that may arise from my participation in the Wellness Walk-Off Challenge. I understand that walking is an activity that includes certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The potential risks range from, but are not limited to, 1) the risk of falling or collision with other participants or stationary objects, to 2) minor injuries such as scratches, bruises, and sprains, to 3) major injuries such as joint or back injuries, broken bones, and/or head injuries, to 4) catastrophic injuries including paralysis and/or death.

I understand that the FIT Wellness Program reserves the right to disqualify any individual who tampers or attempts to tamper with the registration process, interferes with the administration of the Wellness Walk-Off Challenge, violates the rules of the Wellness Walk-Off Challenge, or who behaves in an unsportsmanlike or disruptive manner. I accept all rules and agree to be bound by the terms stated in the Wellness Walk-Off Challenge website. I understand that the data that I report will be used to administer the Wellness Walk-Off Challenge. I permit FIT to use any photographs, videotapes, recording or any other records taken during the Wellness Walk-Off Challenge for publicity, advertising, or any other legitimate purpose associated with the

college community, without compensation to me. I understand and agree that should I receive any prizes, I will be responsible for any taxes associated therewith.

I certify that I am eighteen (18) years of age or older and have read this release agreement, understand its terms, and understand that I am giving up substantial rights, including my right to sue FIT and all above referenced persons and entities in connection with the Wellness Walk-Off Challenge. I acknowledge that I am signing this agreement freely and voluntarily and intend for it by my signature to be a complete and unconditional release of all liability to the full extent allowed by law.

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*Employee Name (Print clearly)*

*Employee ID#*

*Employee Signature*

*Date*

Return this form to: Office of Human Resources, Wellness Program; Attention: Diana Reyes