

# WELLPATH WAIVER AND RELEASE FORM

## PLEASE PRINT NAME OF PARTICIPANT

<b>Last Name</b>	<b>First Name</b>	<b>Birthdate</b> Month      Day      Year		
<b>Home Address</b> Street	City	State	Zip Code	
<b>District Site</b>	<b>Day Phone Number</b>	<b>Email</b>		

## IN CASE OF EMERGENCY

**Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

### Please Read, Sign & Date

I understand that my participation in the **WellPATH Employee Wellness Program ("Program")** activities is strictly voluntary and is not a requirement of my employment with the Fresno Unified School District ("School District"). **I am aware that I should consult with a physician before I undertake any physical exercise program.** I will not, nor will anyone acting on my behalf, hold the School District, its governing board, officers, or any of its agents or employees, responsible for any risk to my health or for my injury or death that may result from or occurring during my participation in the Program.

**DISCLAIMER OF LIABILITY.** I represent: (a) that my participation in the Program, whether I take part in activities on a group or individual basis, is at my own risk; and (b) that I understand that taking part in physical exercise, sport, fitness, and other recreational or physical activities comes with an inherent risk of injury, damage, illness, or loss to persons and property or even death; and (c) that I am in good physical condition and am capable of engaging in my intended course of exercise in a safe and healthy manner; and (d) that I fully understand the risks inherent in undertaking a course of physical exercise and acknowledge that it is exclusively my responsibility to seek from my own physician a medical evaluation and clearance before engaging in any physical exercise. I further agree to indemnify, hold harmless, and defend the School District and its governing board, officers, employees, and agents from liability for the injury or death of any person(s) and damage to property which may arise from my participation in the Program.

**EMERGENCY CARE.** In the event that I am physically injured or otherwise require emergency care, I agree to be responsible for payment of any and all medical services covered under the District's health plan.

**PHOTO RELEASE.** I hereby grant permission to the Program and School District, to photograph me, either still or video. I hereby grant permission to the Program and School District to edit, crop, or retouch such photographs, and waive any right to inspect the final photographs. I hereby consent to and permit photographs of me to be used by the Program and School District worldwide for any purpose, including educational, informational and advertisement purposes, in any medium, including print and electronic. I understand that the Program and School District may use such photographs with or without associating names thereto. I further acknowledge I have been promised no compensation for the photographs, and waive any claim for compensation of any kind for the Program and School District's use or publication of photographs of me.

*I acknowledge that I have read this Waiver and Release form and that I assume all risk involved with or arising out of the use of the WellPATH Employee Wellness Program.*

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

# NON-EMPLOYEE

## WELLPATH WAIVER AND RELEASE FORM

### PLEASE PRINT NAME OF PARTICIPANT

<b>Last Name</b>	<b>First Name</b>	<b>Birthdate</b>		
		Month	Day	Year
<b>Home Address</b> Street	City	State	Zip Code	

### IN CASE OF EMERGENCY

**Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

### Please Read, Sign & Date

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DISCLAIMER OF LIABILITY. I represent: (a) that my participation in the Program, whether I take part in activities on a group or individual basis, is at my own risk; and (b) that I understand that taking part in physical exercise, sport, fitness, and other recreational or physical activities comes with an inherent risk of injury, damage, illness, or loss to persons and property or even death; and (c) that I am in good physical condition and am capable of engaging in my intended course of exercise in a safe and healthy manner; and (d) that I fully understand the risks inherent in undertaking a course of physical exercise and acknowledge that it is exclusively my responsibility to seek from my own physician a medical evaluation and clearance before engaging in any physical exercise. I further agree to indemnify, hold harmless, and defend the School District and its governing board, officers, employees, and agents from liability for the injury or death of any person(s) and damage to property which may arise from my participation in the Program.

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