

## EMPLOYEE WELLNESS PROGRAM WAIVER RELEASE, PRIVACY AUTHORIZATION AND CONFIDENTIALITY NOTICE

**Liability Release Forms and Signage Language:** All employees shall be required to sign a "Authorization/Waiver Form" prior to participating in any employee wellness activity/event that involves physical movement. This liability release form covers organized and individual wellness activities at the workplace as well as team or organized wellness events held off-site. Signed forms will be kept in designated files retained by the Fit 2 Live Coordinator. Signs posted in exercise areas will remind employees that participation is at their own risk and that any unsafe conditions should be reported immediately to the designated department contact LaKaisha Shelby. Directions for safe use of equipment will be posted in the area. By signing form below you are agreeing to the waiver and exercising at your own risk. Participation in wellness activities is voluntary; and, therefore, the City is not liable for injuries sustained to employees during their participation in these activities. The City strives to maintain a safe and healthy environment for its employees, and its Safety Director will provide information and guidance in the development of safety and maintenance criteria for wellness areas to ensure that equipment and areas for wellness activities do not present hazardous conditions. Please fill out form in its entirety, and **consult** with your doctor prior to exercise.

**Department** \_\_\_\_\_

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_ **Middle Initial** \_\_\_\_\_

**Email Address** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

- I agree to assume full responsibility for any risks, injuries or damage known or unknown which I might incur as a result of participating in the program.
- I knowingly, voluntarily and expressly waive any claim I may have against the City of North Little Rock or Fit2Live Employee Wellness for injury or damages that I may sustain as a result of participating in the program.
- I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the above mentioned program. I represent and warrant that I have no medical condition that would prevent my participation in the program.
- I, my heirs or representatives forever release waive, discharge and covenant not to sue the City of North Little Rock or Fit2Live Employee Wellness for any injury or death caused by their negligence or other acts.
- I am voluntarily participating in the City of North Little Rock exercise/fitness program conducted by Fit2live Wellness at the City Service Gym. I recognize that the program requires physical exertion that may be strenuous at times and may cause physical injury, and I am fully aware of the risks and hazards involved.
- I have read the above waiver and release of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

**Signature** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date** \_\_\_\_\_