

The Texas A&M University System
AgriLife Wellness Program

Fitness Class Waiver & Release of Claims

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.

In consideration of the personal benefits to me in attending the AgriLife fitness classes at the AgriLife Administrative Services building, AgriLife South Campus Building, Texas A&M Forest Service building, Texas A&M Veterinary Medical Veterinary Medical Diagnostic Laboratory building, or any other designated location, I am executing this waiver and release of claims which I, my heirs, executors, administrators and assigns may have in the future arising directly or indirectly from the activities in which I engage while attending the classes. I hereby release and waive on behalf of myself and my heirs, executors, administrators and assigns any such claim for personal injuries or death, or property loss or damage, which I or my estate may incur against The Texas A&M University System and its members, their officers, agencies, and employees; (herein referred to as Releasees) **including injuries sustained as a result of the negligence of Releasees**. I acknowledge that my participation in any programs related thereto are on a voluntary basis and shall not constitute any part of my official duties or responsibilities, nor shall they be considered to be within the course and scope of my employment with The Texas A&M University System, its agencies, institutions and services.

I further acknowledge that it is my sole responsibility to determine if I am physically capable of engaging in any activity related to the AgriLife Wellness Program and its fitness classes. I hereby acknowledge that it is my sole responsibility to determine if any existing conditions or limitations that I may have will be adversely affected by any activity that I choose to undertake while attending the fitness classes.

Executed this _____ day of _____, 20_____

Employee name (please print)

Employee signature

Department

Wellness Committee Member (please print)

Member signature

(Optional)

If you are injured or have a sudden illness – In case of an emergency, please contact:

Name

Phone Number