



## Wellness Activity Liability Acknowledgement Form

INFORMED CONSENT AND RELEASE FROM LIABILITY

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EMPLOYEE NAME: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

I recognize that wellness activities may result in injuries to the participants. I believe that I am in good enough health (if over 35, it is advisable that this activity is cleared with your doctor) to safely participate in these activities.

I understand that my participation in the Manchester Wellness Program is strictly voluntary and is not a requirement of my employment with Manchester University. 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 Manchester University Wellness Program responsible for any injuries or illness that might occur from my participation in this Wellness Program.

Manchester University may not be liable for the payment of Worker's Compensation benefits for any injury which arises out of an employee's voluntary participation in any off-duty recreational, social, or athletic injury which is not part of the employee's work-related duties.

Manchester University Wellness Program student participants prioritize safety above all else.

I acknowledge that I have read and understand this Wellness Activity Liability Acknowledgement Form and that I am freely and voluntarily signing it.

DATE: \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_