University of Illinois

Waiver – Employee Participation - Voluntary Program*

(Involving Physical Activity)

Print Name:

University Department:

Waiver of Liability/Informed Consent

By signing below, I understand and affirm I have enrolled or will participate in a voluntary program of activity* including but not limited to parties/picnics/get-togethers, athletics, drug/alcohol counseling and/or aerobic dance, running, walking, weight training and/or various personal conditioning or other counseling offered by my employer or selected vendor(s).

I hereby affirm I am in appropriate physical condition and do not suffer from any disability or known condition that may interfere with safe participation. I understand there are risks attendant to all parties, rehabilitation, athletic and exercise programs. I have checked with my physician or medical caregiver prior to participation. In consideration of my participation in this program, I, for myself, my heirs and assigns, hereby release my employer and its employees and consultants from any claims, demands and causes of action arising from my participation in the program.

I further affirm my participation in this program is wholly voluntary and I can start, continue or stop my participation at any time. I affirm participation is not part of my job and I am not being paid to participate. I have not been ordered or assigned to participate and can stop at any time at my choosing. I agree I will not file or prosecute any workers' compensation claim(s) from any injuries or physical conditions occurring or arising during, after or related to my participation in these activities.

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Date		

Received by

Employee Signature

September 2015