



LIABILITY WAIVER

* I desire to engage voluntarily in the **Employee Wellness Fit Life Program** for improvement of my health and fitness. I know that I am required to fill out a Physical Activity Readiness Questionnaire before I participate. This information will be utilized to (1) help identify cardiac risk or other reasons why I should not participate, and (2) determine the need for a physical evaluation and Health Care Provider Report before entering the program.

* I realize that the program may help me evaluate my lifestyle and may improve the quality of my present lifestyle. I understand that active participation in any health and fitness program could result in injuries that may include but are not limited to, strains, sprains, breaks, loss of eyesight, concussions, partial or total paralysis, heart attacks, and even death. I also understand that my participation is not considered work activity, and therefore, injuries sustained during such activity cannot be claimed under Worker's Compensation.

* This is to certify that to the best of my knowledge, my present physical condition will permit my participation in any and/or all of the classes and activities I attend. I understand that at times I may be participating in this program without supervision, and I choose to participate in this program of my own free will and accept all elements of risk involved. In consideration for being allowed to participate, I agree to assume the risk of such a program, and further agree to hold Employee Wellness harmless and all staff members conducting the program from any and all claims, suits, losses, or related causes of action for damage, including, but not limited to, such claims that may result from my injury or death, accidental or otherwise, during, or arising in any way from the program.

* Information obtained through Employee Wellness will be treated as private and confidential. Such information will not be released or revealed to any person outside the Employee Wellness staff without my express written consent and authorization. I do, however, agree to the use and disclosure of any information that is not individually identifiable with me within the meaning of HIPAA for research and statistical purposes so long as it does not identify me or provide facts that could lead to my identification.

* I also agree to the use of any information for the purpose of consultation with other health/fitness professionals, including my doctor. Participation in this program is for my benefit, and I understand it is not for the benefit of the University of New Mexico. I have read and understand the above statement.

Printed Name: _____

Signature: _____ Date _____

1700 Lomas Blvd NE, Suite 1400, Albuquerque, NM 87131

Website: <http://hr.unm.edu/wellness>

Phone: 505-272-4460, Fax: 505-277-2278

Email: wellness@unm.edu