

LAKE COUNTY EMPLOYEES WELLNESS PROGRAM



Lake County, Ohio

FITNESS PROGRAM ENROLLMENT AND WAIVER AND RELEASE FORM

NAME: _____

DEPARTMENT: _____

PROGRAM / ACTIVITY: 2011 Biggest Loser Weight Loss Challenge

DATE: _____

WAIVER AND RELEASE:

- I hereby agree to participate in the Fitness Program and make the following representations, acknowledgements, and release and waiver.
- I acknowledge that upon starting the Fitness Program I am physically capable of participating in such a program and I received approval for participation by my personal physician.
- I acknowledge the risks of illness or injury inherent in such a program.
- I understand and acknowledge that Lake County is providing personnel and programs to voluntary participants employed by Lake County. The Fitness Trainer/Program has sole control over the manner and mode of the services it provides to Lake County Employees who become a member of such program.
- I hereby release and waive any and all claims against Lake County, its employees, boards and commissions, agents or sponsors of the program from any injuries, claims, costs, damages, liability, or judgments arising out of my participation in the Fitness Program.
- I have read and understand my responsibilities as described above.
- I hereby request to enroll in the fitness program offered through Lake County.

The undersigned declares that he or she is a voluntary participant in the employer-sponsored recreational activities or fitness program. He or she waives and relinquishes all rights to workers' compensation benefits under Chapter 4123 of the Revised Code for any injury or disability incurred while participating in any recreational activity or fitness activity programs. This waiver is valid for two calendar years. The waiver may not bar any workers compensation claim filed for death benefits by the employee's dependents.

Employee Signature

Date Signed