**UD Information Technologies MoveIT Workstation Waiver**

**(for use of the Treadmill and Under-the-Desk-Pedal workstations)**

**Terms and Conditions**

1. User understands that use of the MoveIT workstations involve risk of injury, even death, and that User acknowledges and accepts such risks.
2. User accepts full responsibility for any injuries or illness that User may sustain through the use of the MoveIT workstations. User understands that neither the University of Delaware nor Information Technologies require User to use the MoveIT workstations.
3. User understands and is aware that use of the MoveIT workstations will not be supervised or staffed and no one else may be present. User agrees to abide by all University of Delaware Information Technologies’ rules and policies regarding use of the MoveIT workstations as they may be amended from time to time.
4. User understands that the State of Delaware, who oversees the workers compensation for University of Delaware employees, has determined that any injury sustained by an employee while using the MoveIT workstations will not be covered by Workers Compensation.
5. User does hereby waive, release and forever discharge the University of Delaware, its employees and agents from any and all responsibilities or liability for injuries or damages resulting from User’s use of the MoveIT workstations.

**I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE**

**ABOVE STATEMENTS.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Participant Signature)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Print Name)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date)**