

## FITNESS CLASS WAIVER

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Employee ID#: \_\_\_\_\_

Dept./Address: \_\_\_\_\_

Circle the appropriate designation:

Employee      Spouse      Domestic partner      Retiree

***Agreement to participate:*** I understand that my participation in this activity involves risk of injury including, but not limited to musculoskeletal tears, sprains, fractures and breaks, heat disorders, abnormal blood pressure, fainting, disorder of heart beat and in rare cases heart attach, stroke, or death. I also recognize that there are many other risks of injury, including serious disabling injuries that may arise due to participation in this activity and that it is not possible to specifically list each and every injury. However, knowing the material risks, and reasonable anticipating that other injuries and even death are a possibility, I hereby expressly assume all of the delineated risks of injury, all other possible risks and even risk of death, which could occur by reason of participation. I agree to unconditionally waive and release the University of Delaware, their trustees and all of their agents, servants and employees from all claims and liability for any injuries I may sustain in connection with my participation in this activity, resulting from the ordinary negligence of the University of Delaware. By signing my name below, I certify that I have read, understand and enter into the agreement freely and voluntarily.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_