

Participant Release of Liability & Assumption of Risk Agreement

**** READ BEFORE SIGNING ****

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death.
2. **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES** of others, and assume full responsibility for my participation.
3. I will consult with my health care provider to discuss any relevant medical conditions or considerations prior to participation in any activity. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and consult with my health care provider as to my participation.
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS** Jackson County, MountainWise, its officers, officials, agents and/or employees, other participants, sponsors, advertisers, and if applicable owners and lessors of premises used to conduct the activity (RELEASEES), from any and all claims, demands, losses, and liability arising out of or related to **any INJURY, DISABILITY OR DEATH** I may suffer, or loss or damage to person or property, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, to the fullest extent permitted by law.

Acknowledgement/Agreement

I HAVE READ AND UNDERSTAND THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

Participant Signature

Date – FY 23 - 24

Participant Terms and Conditions Acknowledgement

**** READ BEFORE SIGNING ****

Wellness Screenings

I understand and acknowledge my participation in any free wellness screening provided by the Well @ Work program is strictly voluntary and not a requirement for participation in the Well @ Work program.

Points

I understand and acknowledge that my participation in the Well @ Work program will include the publication of my participation activity and point accumulation on Jackson County's Employee Wellness webpage.

Incentives

I understand and acknowledge the Well @ Work program rewards (monetary or otherwise) are conditional rewards based upon participation points received and subject to funding by Jackson County.

Photos

I understand and acknowledge that my participation in Well @ Work activities or related events may include the publication of photos taken of myself participating at a program, event or at a facility associated with Jackson County.

Acknowledgement

I HAVE READ AND UNDERSTAND THE PARTICIPANT TERMS AND CONDITIONS AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

Participant Signature

Date – FY 23 - 24

Send completed form to Human Resources