

WAIVER OF LIABILITY

I, \_\_\_\_\_, wish to participate in the Wellness Program offered by Schools Insurance Group and \_\_\_\_\_(School District), which provides non-compulsory exercise and wellness services. I am voluntarily participating in the Wellness Program. I am aware of the risks associated with participating in any such program which include, but are not limited to, property damage, physical or psychological injury, pain, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death.

I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence or the condition of the location where the activities of the Wellness Program will occur. Nonetheless, I assume all related risks, both known or unknown to me, including, but not limited to those risks discussed above, as a result of my participation in the Wellness Program.

I hereby voluntarily release, discharge, waive and relinquish any and all actions or causes of action for personal injury, property damage or wrongful death that I, my heirs, executors or assigns may have against Schools Insurance Group, \_\_\_\_\_ (School District), their officers, agents and employees, arising out of my participation in the Wellness Program, wherever or however it may occur. Under no circumstances will I, or my heirs, executors, administrators or assigns, present any claim or bring any suit for personal injury, property damage or wrongful death against Schools Insurance Group or \_\_\_\_\_(School District) or their officers, agents or employees, for any such injury, property damage or wrongful death, regardless of whether it arises from the negligence of Schools Insurance Group or \_\_\_\_\_(School District) or any of their officers, agents, or employees.

IT IS MY INTENTION BY SIGNING THIS DOCUMENT TO EXEMPT AND RELIEVE SCHOOLS INSURANCE GROUP, \_\_\_\_\_(SCHOOL DISTRICT), THEIR OFFICERS, AGENTS AND EMPLOYEES FROM ANY AND ALL LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE.

I am 18 years or older. I acknowledge that I have read this entire Waiver of Liability, that I am aware of the potential dangers of participating in the Wellness Program, and that I am fully aware of the legal consequences of signing this document, including releasing the Schools Insurance Group, \_\_\_\_\_(School District), their officers, agents and employees from all liability, promising not to sue any of the aforementioned people and entities, and assuming all risks of participating in the Wellness Program.

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I understand that this document is written to be as broad and inclusive as legally permitted by California law. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by its remaining terms.

I have read this document comprised of two pages, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

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Signature (Participant)

Date

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Participants email address

(please print)

\*Email necessary for class cancelations and other fitness information