

RELEASE OF LIABILITY

PARTICIPANTS AND INSTRUCTORS IN EXERCISE PROGRAMS HELD ON PROPERTIES OWNED OR LEASED BY THE DEPARTMENT OF GENERAL SERVICES FOR THE COMMONWEALTH OF VIRGINIA

In exchange for participation in an exercise program sponsored by CommonHealth Wellness Programs, and the Department of General Services, and fitness instructors, and/or use of properties owned or leased by the Department of General Services, I agree for myself to the following:

1. I agree to observe and obey all posted and communicated instructions given by the instructor named below.
2. I recognize that there are certain inherent risks associated with the activity described here and I accept full responsibility for personal injury to myself and further release and discharge CommonHealth, the Department of Human Resource Management, The Department of General Services, and the instructor listed below for injury, loss, or damage arising out of my presence and participation upon state facilities of the Commonwealth of Virginia, CommonHealth, or any other third parties.
3. Any claim that may arise from participation in the above shall be resolved under Virginia law.

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.

Dated: _____ Location of Class Sessions: _____

PRINT participant Name: _____

Signature of Participant: _____

Address: _____

Personal Physician's Name and Phone Number: _____

In case of an emergency, please call
_____ (name) _____ (relationship) at _____ (phone).

Instructor Name: _____
(print)

Release Form – To be completed by each participant and instructor. Instructor keeps a copy of each participant's form on file and available for inspection at every class meeting.