

REGISTRATION & LIABILITY RELEASE FORM

Name of Fitness Program _____

Term or Dates of Program _____

Name: _____

Email: _____

Dept.: _____

Phone/Ext.: _____

The undersigned _____ “participant” does release and shall indemnify and hold harmless WPI, its officers, trustees, employees, and agents from and against all claims, damages, losses, and expenses including, but not limited to, medical expenses, attorneys fees, and court awards arising out of or resulting from any injury, sickness, disease or death occurring in connection with my participation in the fitness program.

Signature of this form verifies that the participant understands and confirms that he/she is volunteering to participate in the aforementioned wellness activity at his/her own risk.

Signature of this form verifies that the participant is aware of and understands the potential, inherent dangers and risks involved in participating in this activity.

Signature of this form also verifies that the participant is covered by appropriate medical insurance for injuries or illnesses and further understands that any deductible, co-payments and uncovered claims will be the sole responsibility of the participant. This Liability Release shall be governed by Massachusetts law.

* By signing and submitting this registration form, you are agreeing to pay the full fee for the class.

Participant's Signature

Date

Please send your completed Registration Form to the leader of your wellness program. Or the
Office of Human Resources, Boynton Hall, 2nd Floor