

VOLUNTARY EXERCISE SESSIONS
Release and Waiver of Liability

I hereby acknowledge that my participation in the voluntary exercise sessions/recreational activity beginning on May 1, 2014, and continuing thereafter on various dates Monday - Friday over the lunch hour (approximately from 12:00 - 1:00 pm), is completely voluntary and is not required as a part of my employment with the City of Springfield.

I am fully aware that any and all exercise and physical activity on my part, or my participation therein, may be dangerous and involve risks and dangers of my being seriously injured, paralyzed or killed. In addition to physical injury, I am fully aware that exercising and/or any physical activity or related activities involves risks and dangers of financial injury and loss. I am further aware that such risks of physical and financial injury exist with respect to any such exercise activities and/or any physical activity. Despite such risks of injury involved in any such exercise and/or physical activities, I freely and voluntarily choose to be involved, assuming all risks of injury, paralysis or death.

Because I understand and assume all risks involved in participation in such exercise and/or other physical activities, I hereby waive any and all legal or other claims that I, my assignees, heirs, distributees, guardians, legal representatives and/or successors may have, if any, against the City of Springfield, it's employees or assignees and any and all people associated with this exercise session, for any and all injuries that I may incur as a result of my participation in such exercise and/or related physical activities. Such risk of injury that I am knowingly and voluntarily assuming, and for which I am releasing liability, may result from negligence of a Released Party; my own negligence, or the negligence of any third party while I am participating in the exercise activity.

I have not been ordered by my employer to participate in this exercise session /recreational activity, nor have I been paid wages or travel expenses while participating in this exercise session/recreational activity. To the extent any disability or death is proximately caused by this voluntary recreational activity, I understand that worker's compensation benefits or compensation will not be available and I waive any rights I may have, if any, to these benefits.

I acknowledge that this Release and Waiver of Liability is being relied upon by The City of Springfield in allowing me to use any of the City's facilities for this voluntary exercise session described herein.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS.

Print Name: _____

Signature: _____

Date: _____