



## ACKNOWLEDGEMENT AND RELEASE OF LIABILITY

### Wellness Activity:

I acknowledge that participation by me in this wellness activity is expressly conditioned on my agreement to each of the terms of this document. I acknowledge and agree as follows:

1. I understand that there is an inherent risk of injury when choosing to participate in a wellness activity. As the participant, I recognize and acknowledge that there are risks of injury (including death) and I agree to assume the full risk of any injuries, damages, or loss which I may sustain as a result of participating in this wellness activity. I acknowledge that participation in this wellness activity is voluntary.
2. I do hereby fully release and discharge the Illinois Department of Human Services (IDHS) and their agents, employees and the sponsors (collectively, the "Released Parties") from any and all liability, claims and causes of action that may arise from injuries (including death), damages or loss which I may have or which may accrue to me on account of my participation in this workplace wellness activity.
3. I further agree to indemnify and hold harmless the Released Parties from any and all claims resulting from injuries (including death), damages, or loss, including, but not limited to attorney's fees, sustained by me arising out of, connected with, or in any way associated with my participation in this workplace wellness activity.
4. In the event of any emergency, I authorize the Released Parties to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered.
5. I certify that I am in good health and sufficient physical condition to properly participate in this wellness activity.

I have read and fully understand this Acknowledgement and Release of Liability set forth above, including the permission to secure medical treatment and the release of all claims, including claims for the negligence of the Released Parties. I am 18 years old or older. This document is binding upon me and my heirs and assigns, children, wards, personal representatives and anyone else entitle to act on my behalf. I agree that if any portion of this agreement is held to be invalid, the remaining, notwithstanding, shall be given full force and effect.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Department/Division

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date