



## Fitness Activity Liability Acknowledgement Form

### INFORMED CONSENT AND RELEASE FROM LIABILITY

I understand that my participation in any on- or off-site fitness activities conducted, led, or supervised by a Central California Alliance for Health (the "Alliance") employee is strictly voluntary. The Alliance employee instructor's participation is purely voluntary. I will not, nor will anyone acting on my behalf, hold the Alliance, or any of its officers, commissioners, agents, employees, or the instructor responsible for any injuries that might occur from my participation in these types of wellness or fitness activities or programs.

I acknowledge that I have read, understand and accept this Liability Acknowledgement Form and that I am freely and voluntarily participating in the wellness activity and/or program.

Bootcamp Workout    Yoga    Kickboxing    Basketball

**Class:**  Other (please describe):

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**Instructor Name:**

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**Employee Name:**

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**Employee Signature:**

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**Date:**

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Please turn a copy of this form into your instructor prior to the first session. The original should be sent to Human Resources.