

Employee Release and Waiver of Liability and Indemnity Form

Hennepin County is not sponsoring this class or activity, and is not responsible for the instruction provided. Hennepin County makes no representations regarding the instructor's skill or safety, or for any of the conduct of the instructor. This class or activity is not being held during work time, and is an employee-sponsored or requested class or activity. The undersigned Employee, as a participant in the class or activity acknowledges that he/she is voluntarily participating in the class or activity on his/her own personal time, and acknowledges that any resulting injuries are not compensable for workers' compensation purposes.

The undersigned Employee hereby acknowledges and agrees that his/her use of Hennepin County's space for an exercise-related class or activity involves/may involve risks of injury to persons and/or property, and he/she assumes full responsibility for such risks. In consideration for being permitted to use Hennepin County's space for an exercise-related class or activity, the undersigned Employee agrees to the following: He/she hereby releases and holds Hennepin County, its directors, officers, employees and agents harmless from all liability to the undersigned Employee and his/her personal representatives, assigned, heirs, and next of kin for any loss or damage and forever gives up any claim or demands therefore on account of injury to the undersigned employee's person or property, including injury leading to the death of the undersigned Employee caused by active or passive negligence of Hennepin County or its employees or otherwise to the fullest extent of the law while the undersigned Employee is in, upon, or about Hennepin County's premises for the purpose of participating in an exercise-related class or fitness activity, and for the duration of the undersigned Employee's participation in this exercise-related class or fitness activity.

The undersigned Employee represents that he/she:

- Is in good physical condition and has no condition that could prevent employee from exercising without injury or impairment of health; and
- Has consulted a physician concerning an exercise program that will not risk injury to or impairment of his/her health.

The undersigned Employee further expressly agrees that this Release and Waiver and Indemnity agreement is intended to be used as broadly and inclusively as is permitted by Minnesota law and that if any portion is invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

The undersigned Employee has read this release and waiver of liability and indemnity clause, and agrees that no oral representations, statements or inducement apart from the foregoing written release have been made. Employee understands and voluntarily agrees to the terms of this release.

Please read the questions carefully and answer each one honestly: (Check YES or NO)

YES NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you feel pain in your chest when you do physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. In the past month, have you had chest pain when you were not doing physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you lose your balance because of dizziness or do you ever lose consciousness? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you have a bone or joint problem that could be made worse by a change in physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Is your doctor currently prescribing drugs for your blood pressure or heart condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you know of <u>any other reason</u> why you should not do physical activity? |

If you answered YES to one or more questions, you need to talk to your doctor before beginning a regular exercise routine.

Name: _____ Employee Number: _____

Signature: _____ Date: _____

Class Name: _____ Date(s): _____

Class Location: _____