



WELLNESS

Inspire • Support • Achieve

Start! Walking Worksite Walking Program Acknowledgment and Release City of San José Employees

As shown by my signature set out below, I acknowledge and understand that the City of San José fitness program(s) in which I voluntarily participate, including programs prepared or presented by the American Heart Association, might advocate or involve physical activity such as exercise, and that such activity is a potentially hazardous activity which may involve physical risks. I understand the hazards may include, but are not limited to, injury or death from collision with vehicles, pedestrians, hazards of sidewalks and streets and weather conditions.

I understand this is an **OFF-DUTY VOLUNTARY RECREATIONAL, SOCIAL OR ATHLETIC ACTIVITY, NOT PART OF MY WORK-RELATED DUTIES AND NOT REQUIRED BY MY EMPLOYMENT AND I WILL NOT BE COVERED BY THE CITY OF SAN JOSE WORKERS' COMPENSATION PROGRAM FOR ANY INJURY SUSTAINED ARISING OUT OF OR IN CONNECTION WITH PARTICIPATION IN THE PROGRAMS.**

I further understand and agree that it is my responsibility to consult with a physician to determine my own fitness to engage in any and all activities associated with this or other fitness programs.

I agree that it is my responsibility to use equipment, clothing, and techniques appropriate to the activities related to the fitness programs, and that I am responsible for my own safety regarding participation in the fitness programs.

I HAVE READ THE ABOVE AGREEMENT AND accordingly, I expressly release and hold harmless the American Heart Association and the City of San José, their officers, directors, employees, agents, sponsors and volunteers with respect to any claims or damages related in any way to the American Heart Association and or the City of San José fitness programs AND I ASSUME ALL RISKS FOR INJURY AND PROPERTY DAMAGE.

Acknowledged and Agreed:

By: SIGN _____ DEPARTMENT _____

PRINT NAME _____ EMPLOYEE # _____