



Texas A&M Engineering Engineer Your Wellness (E-Well) Activities

1. Participation in E-Well activities is an employee’s own risk.
2. A Participant Waiver and Hold Harmless Form must be signed by each employee participant.
3. Signed waivers must be submitted to Engineering Human Resources.
4. This waiver is for Texas A&M Engineering employees and does not cover family members.
5. It is recommended that participants consult a physician before beginning an exercise program.
6. E-Well is not responsible for lost or stolen items.
7. Participants are responsible for general cleanup of the activity area they used.
8. Participants assume any risk associated with the activity.
9. Participation is not considered work time for purposes of worker’s compensation insurance.
10. Injuries that may result during participation will not be treated as work related injuries.

In consideration of the personal benefit to me of participating in *Engineer Your Wellness* (E-Well) activities, I am executing this waiver and release of claims which I, my heirs, executors, administrators and assigns may have in the future arising directly or indirectly from the activities in which I engage. I hereby release and waive on behalf of myself, my heirs, executors, administrators and assigns any such claim for personal injuries or death, or property loss or damage, which I or my estate may incur against The Texas A&M University System, Texas A&M Engineering and its component parts, their officers, agencies, and employees: (herein referred to as Releases) **including injuries sustained as a result of the negligence of Releases.** I acknowledge that my participation in any programs related thereto are on a voluntary basis and shall not constitute any part of my official duties or responsibilities, nor shall they be considered to be within the course and scope of my employment with The Texas A&M University System, Texas A&M Engineering, its agencies, institutions and services. Workers’ compensation coverage does not apply while participating in an E-Well activity or participation in exercise activities within the scope of A&M System Wellness regulations.

I further acknowledge that it is my sole responsibility to determine if I am physically capable of engaging in any activity related to E-Well programs, and that I am aware that no emergency-trained personnel or medical equipment will be available on-site. I hereby acknowledge that it is my sole responsibility to determine if any existing conditions or limitations that I may have will be adversely affected by any activity that I choose to undertake while using the facility.

Executed this _____ day of _____, 20_____.

Printed name

Signature

Engineering Human Resources

Date Received

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.