Upon signature, I fully recognize that there are dangers and risks to which I may be exposed by participating in any of the group exercise classes offered through the Employee Wellness Program. Participation involves performing physical activity in any of the following classes: Yoga, Pilates, Total Body Conditioning, Core and More, Cycling, CrossFit and Zumba. We strongly recommend that you obtain a complete physical and activity approval from your family physician prior to engaging in any physical activity that may endanger rather than improve your health.

I have signed this Liability Release and Waiver in full recognition and appreciation of the dangers, hazards, and risks of taking part in this Activity, which dangers include, but are not limited to, physical injuries (minimal, serious, catastrophic) and/or property damage or loss.

I understand that Marquette University does not require me to participate in this Activity, but I want to do so, despite the possible dangers and risks and despite this Release.

I therefore agree to assume and take upon myself all of the risks and responsibilities in any way associated with this Activity in consideration of, and in return for, the services, facilities, and other assistance provided to me by Marquette University and its governing board, employees, and agents, from any and all liability, claims, and actions that may arise from injury or harm to me, from my death or from loss or damage to my property in connection with this Activity.

I understand that this Release covers liability, claims and actions caused entirely or in part by any acts or failure to act of Marquette University or its governing board, employees or agents, including but not limited to negligence, mistake, or failure to supervise by Marquette.

I recognize that this Release means I am giving up, among other things, rights to sue Marquette University, its governing board, employees and agents for injuries, damages or losses I may incur. I also understand that this Release binds my heirs, executors, administrators and assigns, as well as myself.

I am 18 years of age or older, I have read this entire Release, I fully understand it, and I agree to be legally bound by it.

Name (print) ____________________________  MU ID# ____________________________

Signature ____________________________  Date _______________________________