



## New Mexico Junior College Wellness Program Participation Signup

Spring,  Summer,  or Fall

*Each semester requires a signed and approved participation form.*

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Department: \_\_\_\_\_

E-Mail: \_\_\_\_\_

NMJC Wellness Program purpose: To provide 1 hour per week release time for NMJC employees to exercise.

Times and days need to be worked out with Supervisor.

Employees may use the Lea County Walking and Jogging Path, the NMJC Track, and/or the CORE. (Please see guidelines for available times)

### Informed Consent Waiver

I, the undersigned, wish to participate in the Wellness Program as offered by NMJC. I certify that I am physically able to participate in any activities in which I will take part. I also certify that I will use good judgment while exercising and will not overexert. I recognize that I am responsible for knowledge of my own state of health.

I realize that any time one engages in physical activity there are inherent dangers. I therefore accept any and all responsibility and assume the risk of any and all injury or damage to my person that may arise, whether directly or indirectly, as a result of my participation in the Wellness Program. I hereby release and hold harmless from any liability whatsoever the NMJC, as well as its affiliates, directors, officers, employees, and representatives.

I also agree to abide by the guidelines as established by the NMJC Fitness Program with the understanding that violation of such rules may result in withdrawal of my privileges to utilize the Wellness Program facilities or to engage in the prescribed Wellness Program.

I certify that I understand and agree to the contents of this waiver.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Approval: \_\_\_\_\_

**A completed copy *must* be provided to the following departments:**

**President's Office**

**Human Resources**