La Crosse County Wellness Program  
Waiver of Liability Release Form

In requesting permission to access and voluntarily use the wellness spaces, exercise equipment and participate in wellness programs, I affirm that my general health is good and that I am able to utilize the wellness spaces, equipment and participate in wellness programs at my own pace. If I am uncertain as to my ability to safely exercise, I shall consult a physician to determine my ability to utilize the wellness spaces, programs and equipment.

I understand that adverse changes may occur during and after exercise including, but not limited to, abnormal blood pressure, fainting, dizziness or heart rhythm disorders. I understand that there exists the risk of bodily injury including, but not limited to, injuries to the muscles, ligaments, tendons and joints of the body. I understand that the risks associated with exercise include the risk of bodily injury, heart attack, stroke or even death. However, knowing these risks, it is my desire to utilize the wellness spaces, equipment and the wellness programs.

I agree to follow all rules (posted in the wellness spaces) and to abide by any reasonable requests concerning the use of the wellness spaces directed to me by the County’s Personnel Director. I agree to operate and use the equipment only in the manner which it was designed and intended to be used. I understand that my failure to abide by and to follow instructions or reasonable requests may result in the termination of my privileges of using the wellness spaces, programs and equipment. In the event of equipment malfunction, I shall terminate use of such equipment immediately and report the malfunction to the County’s Personnel Director.

In consideration of my access to the La Crosse County wellness spaces, exercise equipment and wellness programs, I hereby accept all risks to my health and of my injury or death that may result from such participation. I further agree to release La Crosse County, its employees and representatives from any liability to me, my personal representatives, estate, heirs and next of kin for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my use of the wellness spaces, exercise equipment and wellness programs. I agree to release and hold harmless La Crosse County and its employees from any and all liability whatsoever which may result from my participation in the wellness spaces or programs or use of exercise equipment. I have carefully read this agreement and understand it to be a release and waiver of all claims and causes of action for my injury or death or damage to my property that occurs while using the La Crosse County wellness spaces and programs or use of exercise equipment and it obligates me to indemnify the parties named for any liability for injury or death of any person and damage to property caused by my negligence or intentional act or omission.

Signature: _______________________________________________ Date: __________________

Name (please print): __________________________________________________________________

Please send this completed form to the County Personnel Department.