



WAIVER OF RESPONSIBILITY AND RELEASE FROM DAMAGES

I, the undersigned, am aware that participation in any physical exercise program may result in accident or injury to the participant. And I, the undersigned, hereby assume all risk connected with the participation in an exercise class. And I, the undersigned, hereby knowingly and willingly relinquish, release and forever discharge South Carolina Department of Health and Environmental Control, from any and all causes of action, claims and demands for, or by reason of any damage, loss or injury which may be sustained by me in consequence of my participation in such classes.

In witness whereof, I set my hand and seal:

Your Signature/Date

Witness Signature/Date

Print Name

Print Name

RETENTION SCHEDULE:

This form will be sent to Employee Health Nurse Consultant, Central Office when used.
It will be batch filed and maintained by Employee Health Central Office for two years.