



Wellness Program Informed Consent, Release and Assumption of Risk Agreement

Terms

In consideration for permission to enter and use the facilities or equipment of the Physical Education Building Fitness Center (PEFC) or participate in any way in a Wellness Program benefit (such as Desktop Yoga or any other activity organized by the Wellness Program) made available by Environmental Health & Safety, the Department of Kinesiology and other schools on campus, I hereby waive all claims or causes of action against the State of California, the Trustees of the California State University, Sonoma State University, and their officers, employees and volunteers, all of which are collectively hereinafter referred to as the "State," and hereby release, hold harmless, and discharge the State from all liability in connection therewith.

I further understand that accidents and injuries can arise out of use of this facility, including physical injury or death. Knowing, understanding, and fully appreciating all possible risks, I hereby expressly, voluntarily and willingly assume all risks and dangers associated with my participation in Wellness Program activities. It is further understood and agreed that this informed consent, release and assumption of risk shall be binding on my heirs and assigns.

I have read this informed consent, release, and assumption of risk and understand the terms used in it and their legal significance. This informed consent, release, and assumption of risk is freely and voluntarily given with the understanding that the right to legal recourse against the State is knowingly given up in exchange for allowing my participation in a Wellness Program activity.

Signatures

This is a Release of Your Rights. Read Carefully Before Signing.

Releasor's Name (Please print.)

Date

Releasor's Signature

Parent or Guardian Name (Please print.)

Date

Signature of Parent or Guardian if Releasor is Under 18