INFORMED CONSENT, RELEASE AND ASSUMPTION OF RISK AGREEMENT
FOR USE OF FITNESS CENTER

In consideration for permission to utilize the Employee “Lunchtime” Fitness Center, an Employee Wellness Program Benefit, made available by Human Resources and Kinesiology, I hereby waive all claims or causes of action against the State of California, the Trustees of the California 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. Knowing, understanding and fully appreciating all possible risks, I hereby expressly, voluntarily and willingly assume all risks and dangers associated with my participation in this activity. It is further understood and agreed that this informed consent, release and assumption of risk is to 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 use of this facility.

THIS IS A RELEASE OF YOUR RIGHTS. READ CAREFULLY BEFORE SIGNING.

_____________________________________________             _________________________________
(Participant Signature)                                                                                                          (Date)

______________________________________________
(Print Name)

Completed consent forms are to be returned to the Payroll & Benefits Department.