

WAIVER AND RELEASE OF LIABILITY

I, the undersigned, assume full responsibility for my health while participating in an on-site exercise session at Saint Paul Public Schools. I understand that participation in this program is voluntary, and that Saint Paul Public Schools , will not accept responsibility for injury sustained or loss of work time while participating in this session. I declare myself physically sound to participate in this program.

I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify Saint Paul Public Schools and its owners, agents, officers and employees from any and all claims, actions or losses for bodily injury, property damages, wrongful death, loss of services or otherwise which may arise out of my participation in an on-site exercise session. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the owners, agents, officers or employees of Saint Paul Public Schools.

I HAVE READ THE ABOVE WAIVER AND RELEASE. BY SIGNING IT I AGREE IT IS MY INTENTION TO EXCUSE AND RELIEVE SAINT PAUL PUBLIC SCHOOLS FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

Name - **PRINT**

Signature

Date