

State of Maine Employee Wellness Center Program

Membership Agreement/Waiver

I understand, verify and acknowledge that:

I am an adult over 18 years of age and wish to participate in the State of Maine Employee Wellness Center Program membership/program activities. As a condition of being permitted to use the State of Maine Employee Wellness Center Program, for any purpose, including but not limited to observation or use of the facilities or equipment, or participation in any off-site program affiliated with the State of Maine Employee Wellness Center Program, I, the undersigned, acknowledge, agree, and represent that I have inspected and carefully considered the facilities and programs. I understand that even when every reasonable precaution is taken, accidents can happen.

As a condition of my participation in the State of Maine Employee Wellness Center Program activities and use of its facilities, on my behalf I waive and release any claims for loss or injury incurred or suffered which I might make against the State of Maine Employee Wellness Center Program, its sponsors, officers, employees, volunteers or contractors.

I further agree to indemnify the State of Maine Employee Wellness Center Program against and hold it harmless from loss incurred as a result of claims against it based upon alleged actions or omissions by me. I have read this authorization, waiver and release, understand it, and am voluntarily signing it. I understand that the State of Maine Employee Wellness Center Program is not responsible for personal property lost, damaged or stolen while members and/or program participants are using the State of Maine Employee Wellness Center Program facilities, on the State of Maine Employee Wellness Center Program premises or involved in the State of Maine Employee Wellness Center Program.

Member Signature

Date

The State of Maine Employee Wellness Center
Program is brought to you by the Maine
Division of Employee Health & Benefits and
Workers' Compensation

