



## **WELLNESS PROGRAM PARTICIPANT'S AGREEMENT, WAIVER, RELEASE AND ACKNOWLEDGEMENT**

By participating in events sponsored by Veterans Leadership Program (VLP), you are agreeing to comply with the following terms and conditions as a binding agreement between you and Veterans Leadership Program.

### **Acknowledgement and Assumption of Risk**

I am aware of the dangers and the risks to my person and property involved while participating in Wellness Events sponsored by VLP.

I understand that these activities involve certain risks for physical injury. I also understand that there are potential risks of which I may not presently be aware.

I acknowledge and agree that:

- I will make all reasonable efforts to adhere to any health guidelines, regulations, and restrictions (including policies regarding masks and social distancing) that may be in place.
- VLP asserts lack of liability for injury resulting from participation. VLP does not assume responsibility for my health, safety or security. Responsibility for medical costs of any kind associated with transport, care, and treatment that may arise out of my participation in any VLP Wellness Event lies with me.
- I agree and acknowledge that I am participating in Wellness Events sponsored by VLP in the exercise of my own free will and at my own personal risk. I agree and acknowledge that it is my responsibility to understand the risks and determine whether I am fit to safely participate in a VLP Wellness Event and to understand and determine the precautions I should take to do so.
- I hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for liability and damages I now have or may in the future have against VLP, its employees, agents, officers, sponsors, and their representatives and successors, for any and all injuries or death suffered by me in or arising from or related to a VLP sponsored Wellness Event.

I have read, fully understand and agree to the terms outlined in this form. I acknowledge that I am signing the agreement and waiver freely and voluntarily, and intend by your acceptance to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**WELLNESS PROGRAM PARTICIPANT  
EMERGENCY CONTACTS**

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_