



Waiver Participation Form

Open Enrollment 2010

Personal Information:

Employee Name: _____

Spouse/QA Name (if applicable): _____

Employee ID Number: _____

Contact Information:

Mailing Address: _____

Email Address: _____

Phone (Work): _____

By completing this form, I agree to the following:

In consideration of being allowed to participate in the Get Healthy Now program at the University of Louisville, I hereby expressly assume all risks of personal injury, death, or property loss arising in any way out of my participation. I represent that I am physically fit and able to participate in the program. I hereby release and agree not to sue the University of Louisville or Get Healthy Now, any of the participating programs, organizations or partners, their respective officers, directors, staff, volunteers, employees, agents and contractors from or in any connection with any liability and claims arising out of my participation in the program.

(Check if applicable) Additionally, I further grant full permission to Get Healthy Now and their authorized designees to use and publish my name and image as a participant in photographs, videos, other recordings or printed materials associated with their programs or in p romotion of the program/events now or in the future.

Please email completed form to ghn@louisville.edu or fax to 852-5665