Texas A&M Health Science Center School of Rural Public Health Wellness Center Waiver & Release of Claims

With few exceptions, you have the right to request, receive, review and correct information about you collected using this form.

In consideration of the personal benefits to me of utilizing the Wellness Center located within the SRPH Classroom Building, I am executing this waiver and release of claims which I, my heirs, executors, administrators and assigns may have in the future arising directly or indirectly from the activities in which I engage while using the Center and any equipment or related facility located therein. I hereby release and waive on behalf of myself and my heirs, executors, administrators and assigns any such claim for personal injuries or death, or property loss or damage, which I or my estate may incur against The Texas A&M University System and its component parts, their officers, agencies, and employees; (herein referred to as Releasees) *including injuries sustained as a result of the negligence of Releasees*. I acknowledge that my use of the Wellness Center and participation in any programs related thereto are on a voluntary basis and shall not constitute any part of my official duties or responsibilities, nor shall they be considered to be within the course and scope of my employment with the Texas A&M University System, its agencies, institutions and services.

I further acknowledge that it is my sole responsibility to determine if I am physically capable of engaging in any activity related to the Wellness Center and its programs, and that I am aware that no emergency-trained personnel or medical equipment will be available on-site. I hereby acknowledge that it is my sole responsibility to determine if any existing conditions or limitations that I may have will be adversely affected by any activity that I choose to undertake while using the facility.

Executed this	day of	, 20
Printed Name	Signature	
Department		
Printed Name (Witness)	Witness Signature	