

2020

C3 Wellness Center - Community Challenge for Change

RELEASE AND WAIVER AGREEMENT

(Last Name) _____ (First Name) _____ (Middle Initial) _____

Agency Name _____

Office Phone _____ Cell _____

In Case of Emergency, contact:

(Name) _____ (Relation) _____ (Phone #) _____

I, the undersigned, agree to the following terms which I have read and understand:

- 1. I fully understand that the C3 Wellness Center and any C3 Wellness events may be used by all employees for the following agencies. Also I fully understand that a waiver must be signed for each participant before use of the Wellness Center:

<i>Mississippi Community College Board</i>	<i>Mississippi Humanities Council</i>	<i>Mississippi Commission for</i>
<i>Mississippi Library Commission</i>	<i>America Reads</i>	<i>- Volunteer Services</i>
<i>Mississippi Public Broadcasting</i>	<i>Jackson State University (R&D Center)</i>	<i>Mississippi State Board of Nursing</i>
<i>Information Technology Services</i>	<i>Phi Theta Kappa</i>	<i>- Home Administrators</i>
<i>University Press of Mississippi</i>	<i>MARIS</i>	<i>Mississippi State Board of Physical</i>
<i>Mississippi Institutions of Higher</i>		<i>- Therapy</i>
<i>-Learning</i>		
<i>Mississippi Public Broadcasting</i>	<i>Mississippi Community College Board</i>	
<i>-Foundation</i>	<i>-Foundation</i>	

- 2. I certify that I am in good physical health and am capable of engaging in my intended course of exercise in a safe and healthy manner. I do hereby acknowledge that I have been informed of the requirement to conduct a physical activity risk assessment instrument, and the necessity for me to obtain a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment of machinery if a health risk is revealed by the assessment instrument. If no obvious health risk is revealed by the risk assessment instrument, then I acknowledge that I have decided to participate in activity/or use of equipment and machinery without consulting a physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.
- 3. I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, are potentially hazardous activities. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury and death. I acknowledge that any participation in any program or activity associated with the Wellness Center is not a part of my duties with my employing agency (agencies listed above).
- 4. I do hereby waive, release and forever discharge the Mississippi Community College Board, the Mississippi Community College Foundation, the Board of Trustees of State Institutions of Higher Learning, Jackson State University, the Mississippi Library Commission, The Mississippi Department of Information Technology Services, Mississippi Public Broadcasting and each of their officers, agents, employees, representatives, directors, trustees, executors, and all others from any and all responsibilities or liability for injury or damages resulting from my participation in any activities or my use of equipment, bikes or machinery in the facility, in or around the grounds or streets of the Education and Research Center or arising out of my participation in any activities at or of said Wellness Center.
- 5. This release of liability shall apply to any right of action that might accrue to me, my heirs and personal

representatives. I agree to assume all risks inherent in using the Wellness Center, its facilities, bikes and equipment, including the risk of injury caused by malfunctioning or improperly maintained equipment.

6. I acknowledge that any time spent in the Wellness Center, or in using the Wellness Center's bikes or other equipment, is non-work time and any injuries sustained while so engaged may not be covered by Mississippi Workers Compensation or the Mississippi Community College Foundation.

In light of the foregoing, I hereby agree to release, discharge and hold harmless the Mississippi Community College Board, the Mississippi Community College Foundation, the Board of Trustees of State Institutions of Higher Learning, Jackson State University and their officers, agents, employees, representatives, directors, trustees, executors, and all others from any and all claims, demands, causes of action, judgments, costs and any liability whatsoever related to the undersigned's use of the Mississippi Community College Board C3 Wellness Center, including its bikes or other equipment, regardless of location.

UNDERSTANDING OF WAIVER AND RELEASE:

The undersigned certifies that he/she has read and understands the contents of the Release and Waiver and desires to be bound by its terms

(Signature)

(Date)

Employee Email _____

C3 Wellness

Bicycle Rules

Utilize C3 bicycles at your own risk!

Biking is an activity that may result in severe injury, including but not limited to spinal or head injury.

There are no bicycle lanes on the R&D campus located at 3825 Ridgewood Road Jackson, MS 39211.

C3 bicycles must only be utilized inside the R&D complex. (Ridgewood Road and Eastover Drive are not permitted)

Participants must be C3 Wellness members to utilize bicycles. A C3 Wellness pin code must be provided below.

Helmets are to be worn at all times (no exceptions).

One person per bicycle.

Obey traffic laws.

Use hand/arm signals when turning and stopping.

Yield to traffic when appropriate - bikes must share the road.

Watch for cars pulling from parking spaces.

Control your speed to avoid crashes.

Wear a head light and reflective clothing when riding in poor visibility.

Do not ride distracted or under the influence.

If you need to stop along the road, do not stop at a curve or at the top of a hill or anywhere, you may not be visible to approaching traffic. Pull completely off the pavement and be visible to cars.

Have your ID with you at all times.

Appropriate clothing should be worn when biking.

No open toe shoes or flip-flops

No wide leg pants or skirts

Please use your discretion

Bicycles must be returned to location of check out.

Have fun!

Signature: _____

Date: _____