



## WELLNESS PROGRAM Informed Consent Agreement

Thank you for choosing to use the facilities, services, and programs of Southern WV Community & Technical College's (Southern) *Wellness Program*. We request your understanding and cooperation in maintaining both your and our safety by reading and signing the informed consent agreement.

I, \_\_\_\_\_ am voluntarily participating in Southern's *Wellness Program*. I understand that each person, myself included, has a different capacity for participating in such activities, facilities, programs, and services. I am aware that all activities, services, and programs offered are either educational, recreational, or self-directed in nature. I assume full responsibility, during and after my participation, for my choices to use or apply, at my own risk, any portion of the information or instruction I receive.

I understand that part of the risk involved in undertaking any activity or program is relative to my own state of fitness or health (physical, mental, or emotional) and to the awareness, care, and skill with which I conduct myself in that activity or program. I acknowledge that my choice to participate in any activity, service or program brings with it my assumption of those risks or results stemming from this choice and the fitness, health, awareness, care, and skill that I possess and use. I understand that I may stop or delay my participation in any activity or procedure if I so desire and that I may also be requested to stop and rest by anyone who observes any symptoms of distress or abnormal response.

I further understand that the activities, programs, and services offered are sometimes conducted by personnel who may not be licensed, certified, or registered instructors or professionals. I accept the fact that the skills and competencies of some presenters and/or volunteers will vary according to their training and experience and that no claim is made to offer assessment or treatment of any mental or physical disease or condition by those who are not duly licensed, certified, or registered and herein employed to provide such informational sessions.

I hereby verify by my signature that I am physically able to participate in the *Wellness Program* activities sponsored by Southern WV Community & Technical College. I understand that participation in *Wellness Program* activities is not work related and thus not covered by Workers' Compensation, therefore any injury sustained while participating in the above activities is noncompensable. I hereby agree to hold free from any and all liabilities the Board of Directors of the State College System, Southern and its employees and members, and do hereby for myself, my heirs, executors, and administrators, waive, release and forever discharge any and all rights and claims for damages which I may have accrue to me arising out of or connected with my participation in the *Wellness Program* activities, facilities, programs, or services.

I have read, understood, and agree to the contents of this informed consent agreement. Additionally, I have read and fully understand the posted rules regarding the use of the facilities and equipment and by my signature agree to comply with the same.

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Signature  
wlnsfrm8/98

Date