

**SHANDS TEACHING HOSPITAL AND CLINIC, INC.**  
**UNCONDITIONAL RELEASE OF LIABILITY AND ASSUMPTION OF RISK**

Shands Teaching Hospital and Clinics, Inc. permits individuals to use exercise equipment located in the hospital for personal conditioning programs. This use of equipment and facilities is not work related and is purely for the benefit of the individual. Any employee using any Shands facilities or equipment for exercise is deemed to be participating during non-work hours and such activities are not work related. Participants must be aware that an exercise class, by its nature, is not without risk. Participants are advised to know in advance what to expect and to be informed of all possible risks.

**CONTRACT, WAIVER, AND RELEASE & ACKNOWLEDGEMENT OF RISK**

I, \_\_\_\_\_, hereby acknowledge that I am voluntarily participating in the use of Shands Hospital facilities and exercise equipment located in the hospital for personal conditioning programs. I understand this activity and all other hazards and exposures connected with this activity involve risk and that I am aware of the risk and danger inherent with those activities. I acknowledge that I and/or my family, including any minor children, are fully capable of participating in the activities and willingly assume the risks as my responsibility. These risks include loss of property, injury, or death caused by a variety of situations including: a) physical activities and exertion, b) slippery surfaces, e) exposure of the elements, f) miscellaneous accidents either on premises or off. I understand and agree that any bodily injury, death, or loss of personal property and expenses thereof as a result of my negligence, the negligence of my family, and the negligence of Shands, are my responsibility. I acknowledge that participation is not a work related or employer sponsored or employer mandated activity and that any injuries will not be regarded as a worker's compensation claim. In consideration for being permitted to use Shand's facilities and equipment, I hereby release from any legal liability whatsoever Shands hospital and all of it's officers, agents, and employees for any injury, death or property loss to either myself or my family. I, for myself, my family, any heirs and executors, promise not to sue Shands. This is a release of liability. I have carefully read the above agreement and fully understand it. I am aware that I am releasing certain legal rights and I enter into this contract on behalf of myself, and/or my family, of my own free will.

_____	_____	_____
Print Name	Age	Signature
_____	_____	_____
Date	Phone	Address