



## **WELLNESS CENTER**

### **Guest of City Employee**

### **Release and Waiver of All Claims**

**Submit Completed Form to Tyler Jarl ([tjarl@roundrocktexas.gov](mailto:tjarl@roundrocktexas.gov))**

In exchange for accessing and utilizing the City of Round Rock's Wellness Center ("Wellness") free of charge, I acknowledge and agree to the following terms and conditions.

I acknowledge that my utilization of the Wellness Center is entirely voluntarily. I am solely responsible for ensuring that I am healthy enough to participate and for choosing the appropriate level of participation. I agree that I will not attend a session if I am ill or injured.

I understand that unexpected events, including accidents, may occur and I voluntarily undertake the risks associated with any fitness activity at the Wellness Center in which I choose to participate.

I expressly agree to indemnify and hold harmless the City of Round Rock, as well as its employees, officials and agents, from any and all obligations and liabilities that I may incur related to any damage or injury resulting from my participation at the Wellness Center. I further hereby release and waive the City of Round Rock, as well as its employees, officials, and agents, from any liability for any loss, damage, or injury to me or my property arising out of or in connection with my participation at the Wellness Center, whether or not it involves negligence, gross negligence or misconduct by another.

**I am at least eighteen (18) years of age and am fully competent to read, understand and sign this release and waiver of all claims. I have read this release and waiver, and I understand it and I voluntarily sign it to formalize my acceptance of the terms recited herein.**

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Print Name

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Signature

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Employee Name

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Date

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Employee 4 Digit Number

If participant is at least sixteen (16) years of age, but not yet eighteen (18) years of age, Parent or Guardian must complete the following:

**I am at least eighteen (18) years of age and am fully competent to read, understand, and sign this release and waiver of all claims on behalf of my minor child. I have read this release and waiver, and I understand it and voluntarily sign it to formalize my acceptance on behalf of my minor child of the terms recited herein.**

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Print Name

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Signature

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Date

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Employee Name

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Employee 4 Digit Number