

**University of Vermont**  
**LIABILITY WAIVER**  
**Human Resource Services**

"I, FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_, am aware that participating in group exercise/yoga classes and massage can involve MANY RISKS OF INJURY. I understand that the dangers and risks include – but are not limited to injury to bones, joints, ligaments, muscles, tendons and other aspects of the muscular-skeletal system and injury or impairment to other organs or aspects of my body and my general health and well-being.

I have voluntarily decided to participate in the \_\_\_\_\_ class/program offered through UVM's WorkLife Services. To the best of my knowledge, I am in good health and suffer no disability or condition which renders my participation in the activity medically inadvisable, or otherwise limits my ability to participate in such activity without restriction. I hereby authorize UVM WorkLife Services to obtain on my behalf first aid, emergency medical care or, if necessary, admission to an accredited hospital, when such care is necessary for the treatment of any injuries that I may sustain while participating in any activity associated with UVM WorkLife Services. I also hereby consent to the administration of emergency medical treatment in the event that I am unable subsequent to such injury to give such consent as otherwise necessary. I agree to be responsible for all medical charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

I understand that the instructor/leader of the \_\_\_\_\_ class/program is not an employee or agent of UVM and is acting in an independent capacity. In consideration for my participation in the activities related to these classes I hereby voluntarily assume all risks associated with participation and agree to hold harmless UVM, its agents, officers, and employees, including but not limited to the Human Resource Services staff of UVM from any liability, claims, causes of action or demands of any kind and nature whatsoever, including claims of negligence, which may arise by or in connection with my participation and any activities related to UVM WorkLife Services, except in the event of gross negligence.

The terms of this Agreement shall serve as a release and assumption of risk for my heirs, estate, executor, administrators, assignees, and all members of my family."

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Name (Printed) \_\_\_\_\_ Date \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_