



## WAIVER/RELEASE OF LIABILITY

I, \_\_\_\_\_, hereby agree to release BRG Fit!, Baton Rouge General Medical Center, General Health System and its Board and Employees from any and all responsibility for any injury or death that may result from my use of the exercise equipment, nutritional instructions or my attendance in any exercise class(es), or seminar(s) at the Baton Rouge General. By my use of the equipment, accepting nutritional instruction, or attendance in the class(es) or seminar(s), I accept any and all risks associated with the equipment, nutritional instructions and/or my participation in the class(es) or seminar(s). I will not pursue any claim for damages as a result of use of this equipment, nutritional instructions and/or my participation in the class(es) or seminar(s) and I instruct my family, heirs and relatives to not pursue any claims for any injuries that may result from my use of this equipment, nutritional instructions and/or participation in the class(es) or seminar(s). This release is meant in the broadest sense possible.

I understand that Baton Rouge General is not responsible for any injury or my death while I use this equipment or participate in the exercise class/instruction.

\_\_\_\_\_  
Printed name                      \_\_\_\_\_                      \_\_\_\_\_  
Date                                      (\_\_\_\_\_) \_\_\_\_\_  
Primary contact number (Hm/Wrk/Cell)

\_\_\_\_\_  
Signature    \_\_\_\_\_  
Email address

\_\_\_\_\_  
HR Representative Name    \_\_\_\_\_  
HR Representative's Signature

**Please sign and return completed form via fax to HR at 225-237-1550.**