



Participating in Living Well at Texas A&M physical activities coordinated by the Texas A&M Division of Human Resources and Organizational Effectiveness is strictly voluntary. In consideration for participating in the Living Well at Texas A&M activity indicated below, I am executing this waiver and release of claims which I, my heirs, executors, administrators, and assigns may have in the future arising directly or indirectly from the activities in which I engage while participating in this activity. I hereby release and waive on my behalf of myself, my heirs, executors, administrators, and assigns any such claim for personal injuries or death, or property loss or damage, which I or my estate may incur against The Texas A&M University System, Texas A&M University, their offices, agencies, and employees; (herein referred to as Releasees) **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of Releasees.** I acknowledge my participation in the below Living Well at Texas A&M activity is on a voluntary basis and shall not constitute any part of my official duties or responsibilities, nor shall they be considered to be within the course and scope of my employment with The Texas A&M University System, Texas A&M University, its agencies, institutions, and services. I further acknowledge that it is my sole responsibility to determine if I am physically capable of engaging in physical activities available under Living Well at Texas A&M, and that I am aware that limited emergency-trained personnel or medical equipment will be available on-site. I hereby acknowledge that it is my sole responsibility to determine if any existing conditions or limitations that I may have will be adversely affected by any activity that I choose to undertake participating in. I understand that I am responsible for monitoring my own condition throughout the activity and should any unusual symptoms occur, I will terminate my participation and inform the staff of the symptoms.

In signing this Sign-in and Informed Consent for Participating in Physical Activities document, I **affirm that I have read, accept, and understand this form in its entirety.** I know that there may be risks associated with physical activity and willingly accept those possibilities. I take full responsibility for my own health and safety in participating in the physical activity and to the extent I deem advisable, will consult a physician before participating in any of the activities.

Living Well at Texas A&M Physical Activity Description: Build Your Own Field Day **Location:** _____

Team Name: _____ **Team Captain:** _____

[illegible]