

**Nevada Division of State Parks  
Wellness Program  
Informed Consent and Waiver Form**

I wish to participate in the Division of State Parks Wellness Program. I realize there are dangers whenever engaging in any type of physical activity. I, therefore, accept all responsibility and assume the risk of injury or damage, to my person that may arise whether directly or indirectly, as a result of my participation in this program.

I agree that, for whatever reason, if I do not abide by the established rules and regulations, I will no longer have the privilege of participating in the program.

I hereby release and hold harmless from any liability whatsoever the State of Nevada, Department of Conservation & Natural Resources, Division of State Parks, as well as, its supervisors and representatives. I have been advised that a medical examination is recommended prior to engaging in a fitness program and that I am financially responsible for that medical examination.

I certify that I have read the contents of this Waiver and Consent Form, understand its contents, and agree to the above terms and conditions.

**Employee Name (PRINT):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_