

**RELEASE OF LIABILITY  
EXPRESS ASSUMPTION OF THE RISK  
FOR PARTICIPATION IN WELLNESS ACTIVITES**

Springfield, Ohio and that I am voluntarily participating in fitness and/or wellness

I have had an opportunity to ask questions and fully understand and appreciate the legal effect of signing this document. It is my specific understanding that, by signing this document, I will be giving up my right to hold any party hereby released responsible for any liability for any cause for any present, past, or future harm to the undersigned participant, including any such harm caused by any negligent act or omission while engaged in the Wellness Activities.

I, the undersigned, hereby certify that I am at least 18 years of age.

**I HAVE READ AND UNDERSTAND THIS RELEASE BEFORE SIGNING IT**

---

Date

---

---

---