

# ***MONTGOMERY COLLEGE WELLNESS PROGRAM***

## **PARTICIPANT AGREEMENT & WAIVER FORM**

**Please submit with a completed MC Wellness EAP application.  
The completed EAP application will serve as your registration form.**

I, \_\_\_\_\_, am a participant in the Montgomery College Wellness Program. I certify that I am cognizant of all of the inherent risks in such participation, and of the basic safety rules for such activities, and consent to participant in such activities.

I understand and agree to accept full personal responsibility for all risks, whether foreseen or unforeseen, in connection with my participation in the Montgomery College Wellness Program. I understand and agree that neither Montgomery College, its trustees, employees, and any students acting as such, may be held liable in any way for any occurrence in connection with participation in the Montgomery College Wellness Program which results in injury, death, or other damages to me, or a member of my family, estate, heirs, or assigns.

I, for myself, my heirs, executors, administrators and assigns, forever release and discharge Montgomery College, its trustees, employees, and any student acting as such, from any liability for any harm, injury, damage, claims, action causes of actions, costs, demands, and nature whatsoever which may occur arising out of participation in the Montgomery College Wellness Program. I further agree to save and hold harmless Montgomery College, its trustees, employees, and any student acting as such, from any claim by me, or my family, estate, heirs, or assigns arising out of my participation in the Montgomery College Wellness Program.

In witness thereof, I have executed this release on \_\_\_\_\_  
Date

Signature: \_\_\_\_\_

Printed Name:

