

# The City of Murray Activity Waiver

Activity: \_\_\_\_\_

Location: \_\_\_\_\_

During the City of Murray's recreational activity, at the above company location, every effort will be made to assure your safety. However, as with any physical activity, there are risks, including increased heart stress and the chance of musculoskeletal injuries. In volunteering to participate in this physical activity, you agree that, to your knowledge, you have no limiting physical conditions or disability that would preclude the physical activity.

A physician's examination is recommended for all participants with any exercise restrictions, including any heart problems, high blood pressure, chest pain dizziness, relevant surgeries, diabetes, asthma, epilepsy, arthritis, or significant injury to any part of the body. By signing below, you accept full responsibility for your own health and well-being and you acknowledge an understanding that no responsibility is assumed by The City of Murray or its employees, authorized agents or assignees.

The City of Murray and its employees, authorized agents or assignees are released from any liability now or in the future for conditions that may result from participation in any city recreational activities including but not limited to: heat attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat exhaustion, injuries to knees, injuries to back, injuries to feet, any complicated preexisting condition whether known or unknown, or any other illness or soreness that may occur, including death. I hereby indemnify, hold harmless, and forever discharge the City of Murray from all claims, demands, and causes of injury that may occur.

I hereby affirm that I have read and fully understand the above statements.

\_\_\_\_\_  
Employee Participant Signature

\_\_\_\_\_  
Date