

2017 CHS LiveWELL Consent and Waiver

I am voluntarily participating in the events and activities offered by Carolinas HealthCare System LiveWELL, including but not limited to fitness classes, intramurals, walks, tournaments, fitness in the park, and field days. I am in good physical condition and am not aware of any conditions that may affect my ability to participate in the events; if I do have any such conditions, I will immediately notify the event leaders. I agree to release and waive Carolinas HealthCare System ("CHS") and the event leaders from and against any claims, damages, liability, or demands, arising from my participation in this event and activity, including personal injury, however caused and whenever realized.

I agree that I may be photographed, recorded, or filmed while participating in CHS LiveWELL events. I hereby grant to CHS, and its affiliates, licensees, employees, agents, successors and assigns to any person or entities authorized by CHS, the right to use and portray my name, image and information in all media and distribution channels of any kind, whether now known or hereafter devised, worldwide, in perpetuity. I expect no compensation whatsoever in connection with the foregoing matters.

I hereby release and discharge CHS from any and all claims, demands or causes of action that I may now have or may hereafter have for libel, defamation, invasion of privacy or right of publicity, infringement of copyright or violation of any other right of mine arising out of or relating to any such use of my name, image, and information in and connection with such production, filming, use, or distribution.

If I am an employee of Carolinas HealthCare System, I agree that I am here on my own time and not as part of my employment.

Complete one waiver per participant.

Print Name (Legibly)

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6-digit Teammate ID Number
(if applicable)

Check this box if not a
CHS Teammate

Event/Activity You Are Participating In (i.e. Indoor Soccer, Get Fit, Fitness classes, etc.)

Carolinas HealthCare System Department and Facility (if applicable)

Phone Number

Address

Signature

Date



Carolinas HealthCare System