

Cardio Challenge Participant Consent Form

*The **Salve Regina University Spring 2018 Cardio Challenge** is a voluntary program designed to improve employee health and promote team spirit.*

*I understand that my participation in the **Cardio Challenge** is strictly voluntary. I am free to discontinue participation at any time without repercussions affecting my employment or benefits.*

I understand that I should consult with my primary care physician for specific exercise goals, advice and guidance prior to participating in the program.

*I understand that **Salve Regina University** and its contracted consultants disclaims any liability for costs, claims, injuries, actions or damages suffered by an individual, no matter what their relationship, as a result of participation in the Cardio Challenge. Any injuries suffered in conjunction with participation in this program shall not be subject to reimbursement under any workers' compensation law or any other applicable law.*

The undersigned agrees to the terms and voluntarily signs the Participant Consent Form

Name (Please print): _____

Signature: _____ **Date:** _____

Please return your completed form to your team captain or email it to nancy.escher@salve.edu by April 11, 2018.

Thank you!