

**Employee's Release to Participate in RCC Wellness Program Activities**  
**(\*includes activities involving RCC nature trails, track, gym, or fitness center)**

**July 1, 2019 - June 30, 2020**

**NOTE: RCC suggests that employees see their physician prior to engaging in any physical activity.**

In consideration of myself, my heirs, executors and administrators, I release the State of North Carolina, Rockingham County, Rockingham Community College and their agents, employees, sponsors, and those whose facilities are being used for the Wellness Program from any claims suffered by me as a result of my participation. I specifically release said parties from the agitation of any preexisting conditions, as a result of participation In the Wellness Program. I understand that it is my responsibility, not RCC, to provide evidence of fitness if required. Therefore, I declare that I am physically able to participate. I agree that my participation in the RCC Wellness Program is voluntary.

Name of Activity \_\_\_\_\_

Employee Name (Print) \_\_\_\_\_

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

Date \_\_\_\_\_