

live well be well



healthyworkforce
For the people who power KP

Class Registration Form

Name _____

Tie Line _____

Department _____

Facility _____

Work email _____

The undersigned requests permission to participate in the Kaiser Foundation Health Plan, Inc. Employee Wellness program. I understand that my participation in this program or any employee recreation program(s) sponsored by Kaiser Foundation Health Plan is entirely voluntary, and that such participation is not a condition of my employment nor a part of my work-related duties. I further agree:

1. That my physical condition is such that I am able to participate in employee wellness activities of my choosing, or use of the fitness equipment, and that in the case of any suspected physical abnormalities or any unusual physical conditions or developments, I will contact my physician and have them diagnosed or treated as appropriate;

2. I assume all risk of harm to my person and property while exercising, and release Kaiser Foundation Health Plan, Inc., Kaiser Permanente Hospitals, and The Permanente Medical Group, Inc. their officers, directors, agents, employees and Walking Challenge organizers from any liability related thereto;

3. I agree to defend, indemnify and save the Kaiser foundation Health Plan, Inc., Kaiser Foundation Hospitals, the Permanente Medical Group, Inc., their officers, agents and employees harmless from and against all claims, demands, actions, and liabilities, and all cost and expenses incurred in connection therewith, for injury to or death of persons or damage to or loss of property arising out of or in any way connected with my participating in any Employee Wellness program.

Signature: _____ Date _____