

Health Fair Release Form 2016

Voluntary Health Activities Release of Liability and Hold Harmless Agreement (“Agreement”) for Adult Participant

I acknowledge that I am voluntarily participating in the following Alameda County Employees’ Retirement Association (“ACERA”) **Retiree Health Fair and Wellness Center activities held at The Oakland Yacht Club** located at 1101 Pacific Marina Alameda, CA on October 28, 2016. As such, I am not entitled to Workers’ Compensation benefits, medical coverage, health insurance coverage, or other benefits for injury, death, or other damage arising out of my participation in these activities. I acknowledge and understand my participation may expose me to the risk of bodily injury, personal injury, property damage, or other damage. I have determined that participating in these activities is appropriate for me. I am voluntarily participating in the activities with knowledge of the potential and inherent risk of damage and injury involved. I agree to assume all and any risks of injury, death, or property damage, whether those risks are known or unknown, as a result of my participation.

As consideration for being permitted by ACERA to participate in these activities, I forever release ACERA, its officials, administrators, directors, managers, employees, volunteers, agents, contractors, and representatives, the County of Alameda, ACERA’s Board of Retirement, Alameda County’s Board of Supervisors, (collectively “Releasees”) from any and all actions, other claims or demands that I, my assignees, heirs, distributees, guardians, next of kin, spouse, and legal representatives now have, or may have in the future, for injury, death, or property damage arising out of the activities, except for such loss or damage which is caused by the sole negligence or willful misconduct of ACERA or the County of Alameda. I also agree that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives will not make a claim against, sue or attach the property of any Releasee in connection with any of the matters covered by the foregoing release.

I have carefully read this Agreement and fully understand its contents. I am aware that this is a release of liability between me and ACERA and the County of Alameda and I sign it of my own free will.

I understand that the activities I may participate in include, but are not limited to:

- Blood Pressure Screening
- Cholesterol Screening
- Body Mass Index (BMI) Screening
- Presentations on topics relating to health
- Food sampling
- Exhibitor services
- All Health Fair activities and products.

PRINT NAME

SIGNATURE

DATE