

**ACKNOWLEDGMENT OF EXERCISE CLASSES AS PART OF
WELLNESS PROGRAM AND CONSENT AND RELEASE FORM FOR
PARTICIPATION IN EXERCISE CLASSES HELD AT THE GS/OAS**

PLEASE CAREFULLY READ THIS ENTIRE DOCUMENT. When finished reading, if you agree with its content, check the appropriate box(es) and fill in the blanks. Then, sign and date this document in front of the instructor who must also sign and date this document.

I, _____, hereby acknowledge that the exercise classes which I am about
(individual's full name, printed)

to take/am taking on the premises of the General Secretariat of the Organization of American States (hereinafter referred to as "GS/OAS") are taught by _____, who is not an employee, agent, or contractor of the GS/OAS. I also acknowledge and understand that my participation in these exercise classes could lead to my injury and to emergency treatment for me. I certify that I am physically able to participate in any activities in which I will take part. I have a reasonable basis for this opinion due to examination and/or consultation with my physician. I also certify that I will use good judgment while exercising and will not overexert. I recognize that I am responsible for knowledge of my own state of health, and I will advise the instructor of any health problems related to exercising. I understand and agree that, in the event of injury to me, it will be necessary for me to select a physician outside of the GS/OAS and to make my own immediate arrangements with that physician for a complete diagnosis and for medical treatment.

I personally assume all risks in connection with my taking the above-described exercise classes on the premises of the General Secretariat of the Organization of American States. I hereby agree that I will not claim that the instructor, _____, the Organization of American States, the General Secretariat of the Organization of American States or any of its officers, employees, or agents are/is liable in the event of injury or damage to me, or for my death, resulting from my participation in these exercise classes or from my being treated and/or given medication by the GS/OAS Health Unit with regard to any injury suffered by me as a result of participating in any of above-described exercise classes.

I hereby fully release and forever discharge the Organization of American States, the General Secretariat of the Organization of American States and its officers, employees, and agents from any and all claims, demands, actions and causes of actions, damages and all other matters, made by me or made by any member of my family, my heirs or assigns, that has arisen or that may arise out of any damage, injury, or death which may befall me as a result of my taking any of the above-described exercise classes and/or by my being treated by the GS/OAS Health Unit with regard to any injury suffered by me as a result of my taking any of the above-described exercise classes.

I further state that: I am of lawful age and legally competent to sign this Acknowledgement, Consent and Release; that I have read and understand the terms herein; that I have fully informed myself of the contents of this Acknowledgement, Consent and Release by reading it before I signed it; and that I have signed this Acknowledgement, Consent and Release from my own free will, irrespective of whether I am now, or might at some time in the future, be an employee, contractor, or agent of the General Secretariat of the Organization of American States.

Signature

Date

(Your name printed in block letters or typed)

Instructor' signature

Date

(Instructor's name printed in block letters or typed)