Voluntary Waiver for Participation

I, _____, request permission to participate in the Civilian Employee Health and Wellness Promotion program at my own risk. In consideration of my acceptance, as a participant, I, for myself, my heirs, executors and administrators, waive and release any and all claims and rights for damages I may have or hereafter may accrue against the U.S. Navy, except for benefits normally accrued under Workmen's Compensation.

I attest and verify that I am physically able to take part in this program. I am aware that I should consult a physician prior to undertaking nay physical fitness program.

Signatures: Employee_____ Date_____

Witness_____ Date_____

Witness_____ Date_____