

## Salve Steps Challenge Participant Consent Form

The **Salve Steps Challenge** is a voluntary program designed to improve employee health and promote team spirit.

I understand that my participation in the **Salve Steps Challenge** is strictly voluntary. I am free to discontinue participation at any time without repercussions affecting my employment or benefits.

***I understand that I should consult with my primary care physician for specific exercise goals, advice and guidance prior to participating in the program.***

I understand that **Salve Regina University** and its contracted consultants disclaims any liability for costs, claims, injuries, actions or damages suffered by an individual, no matter what their relationship, as a result of participation in the Salve Steps Challenge. Any injuries suffered in conjunction with participation in this program shall not be subject to reimbursement under any workers' compensation law or any other applicable law.

The undersigned agrees to the terms and voluntarily signs the Participant Consent Form

**Name** (Please print): \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return your completed form to your team captain or email it to [nancy.escher@salve.edu](mailto:nancy.escher@salve.edu) by October 20, 2017.**

**Thank you!**

