



**Sam Houston State University
University Wellness Committee
Release Time
Available to Current Full-Time Employees**

If you wish to participate in the University Wellness Employee program with release time, you will need to REVIEW THIS FORM WITH YOUR SUPERVISOR BEFORE SUBMITTING IT. University policy allows employees, with their supervisor's approval, to take advantage of 30 minutes per day of release time for physical activity programs on the campus of Sam Houston State University. The signature of the supervisor indicates that he/she has discussed your participation in the program and has reviewed the associated policies and procedures with you. The employee's signature indicates that he/she understands the release time policy. Participation requires an annual enrollment, which expires on the anniversary of enrollment date. Resubmitting this form for renewal to the Department of Recreational Sports is required when you want to begin your release time each year.

Supervisor's Signature

Employee's Signature

Department

Employee's Name (please print)

Employee's Extension/Email address

Employee's Sam I.D.

Affirmation, Waiver, and Liability Release

In consideration of the permission given to me by Sam Houston State University ("the University") to participate in the above mentioned activity, I (for myself, my heirs, executors, and administrators), release, discharge, and agree to indemnify the University, the Texas State University System, the regents, their employees, and volunteers ("the parties") from any and all liability (including, but not necessarily limited to, claims, demands and/or causes of action) arising from or connection with my participation in the released above-described activities, regardless of whether such liability is caused by the negligence of the released parties. I intend that the indemnity provided in this waiver and release is indemnity by me to indemnify the released parties from the consequences of their negligence, whether that negligence is the sole or concurring cause of the liability.

I am of lawful age and legally competent and empowered to execute this affirmation, waiver, and release on my own behalf. I participate freely in the above-described activity (activities) and without guarantee or compulsion.

SHSU Employee Signature

Date

Send completed form to:

**Employee Wellness Program
Box 2358 , SHSU
Huntsville, TX. 77341- 2358**

Fax to: 936-294-1804

