

**Wellness Activity Liability Acknowledgement Form**  
INFORMED CONSENT AND RELEASE FROM LIABILITY

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EMPLOYEE NAME: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

I understand that my participation in the Miles for Wellness walking challenge is strictly voluntary and is not a requirement of my employment with the State of North Carolina or any State agency and, if applicable, is not a requirement of my State Government retirement. I am aware that I should consult with a physician before I undertake any physical exercise program. I will not, nor will anyone acting on my behalf, hold the State of North Carolina, or any of its agencies, officers, agents, or employees, responsible for any injuries that might occur from my participation in this wellness activity.

I acknowledge that I have read and understand this Wellness Activity Liability Acknowledgement Form and that I am freely and voluntarily signing it.

EMPLOYEE/RETIREE SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_