I am participating in the following extracurricular activity: RooFit 2020

I fully understand and agree that I am voluntarily participating in the aforementioned activity in a personal capacity and not an employee of The University of Akron. I understand and agree that the aforementioned activity is not a part of my job duties or responsibilities or is within the scope of my employment with the University of Akron. As a voluntary participant in the aforementioned activity, I understand and agree that I will not receive workers’ compensation coverage. If I have had any questions about the activity’s content, nature, risks or hazards, I have contacted the activity’s coordinator and/or instructor and have discussed those questions with him or her to my satisfaction.

In consideration for my participation in the above-described activity, I, for myself, my heirs, executors and administrators and assigns, release, hold harmless and forever discharge The University of Akron, its Board of Trustees, officers and employees from and against any and all claims, causes of action (including but not limited to negligence and workers’ compensation claims) or expenses of any kind or nature arising from or related to my participation in the aforementioned extracurricular activity. I understand that this Request and Release means that I am giving up my right to sue The University of Akron and its Board of Trustees, entities, administrators, officers, employees, agents for any loss, damage, and injury or cost that I may incur.

I represent resent and certify that I am at least 18 years old. I have read this entire Release, I fully understand it, and I agree to be legally bound by it.

Printed Name: ____________________________

Department/Office: ____________________________

Signature: ____________________________ Date: ____________________________
WAIVER OF WORKERS’ COMPENSATION BENEFITS FOR RECREATIONAL OR FITNESS ACTIVITIES

INSTRUCTIONS:
• This form should be completed to waive workers’ compensation coverage for voluntary participation in employer-sponsored recreational activities or fitness programs.
• In the space provided, list all employer-sponsored recreational activities and fitness programs for which the employee wishes to waive workers’ compensation coverage. Line through any blank spaces.
• The employee must sign and date this form to acknowledge agreement.
• The employer shall retain the original for its files and provide a copy to the employee.
• The employer should submit a copy to BWC only when a claim is filed for an injury or occupational disease sustained in the employer-sponsored recreational activity or fitness program. For further information call 1-800-OHIOBWC (1-800-644-6292).

Employee name (please print or type) ____________________________________________________________________________
Date ____________________________________________________________________________

Employer name ____________________________________________________________________________
Risk number ____________________________________________________________________________

The University of Akron

Pursuant to Section 4123.01(C)(3) of the Revised Code, the employer and employee shall list those employer-sponsored recreational activities and fitness programs for which the employee wishes to waive all rights to compensation and benefits under Chapter 4123 of the Revised Code. The waiver must be signed and dated prior to the date of injury or, in an occupational disease claim, the date of disability. Should an employee sustain an injury or occupational disease in an employer-sponsored recreational activity or fitness program which is not listed, the employee may be eligible for workers’ compensation benefits.

Recreational activities/Fitness programs

RooFit 2020 8 Week Wellness Contest

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

The undersigned declares that he or she is a voluntary participant in the employer-sponsored recreational activities or fitness programs listed above. He or she hereby waives and relinquishes all rights to workers’ compensation benefits under Chapter 4123 of the Revised Code for any injury or disability incurred while participating in the above activities or programs. This waiver is valid for two calendar years. The waiver may not bar any workers’ compensation claim filed for death benefits by the employee’s dependents.

Employee signature ____________________________________________________________________________
Date signed ____________________________________________________________________________