



**ACKNOWLEDGEMENT
OF
RISK FORM**

I have chosen to voluntarily participate in a Wellness fitness class at Montana State University Billings during the spring 2023 semester.

I understand the risks involved and that I am not covered under MSUB's Workers' Compensation policy. I am aware that by participating in this fitness class, I may be exposed to certain risks and I assume the risk and responsibility while I am interning.

I understand that participation in the fitness class is at my own risk and personal health insurance is recommended.

Date: _____ Name: _____
(please print)

Signature of Participant: _____

If connected to an employee, employee's name: _____

Name of Class _____

Name, address, and phone number of person to be contacted in case of an accident (please print information).

Name:

Phone Numbers:

