

**WAIVER OF WORKERS' COMPENSATION BENEFITS
FOR RECREATIONAL OR FITNESS ACTIVITIES**

Instructions:

- Complete this form to waive workers' compensation coverage for voluntary participation in employer-sponsored recreational activities or fitness programs.
- The employee **must** sign and date this form to acknowledge agreement prior to participation.
- The employer shall retain the original for his or her files and provide a copy to the employee.

Employee Name (please print or type)	Date
Employer name	
Fitness Activity	

The undersigned declares that he or she is a voluntary participant in the recreational activities or fitness programs listed above. He or she hereby waives and relinquishes all rights to workers' compensation benefits for any injury or disability incurred while participating in the above activities or programs.

Employee Signature

Date Signed