



MEL AND ENID  
ZUCKERMAN COLLEGE  
OF PUBLIC HEALTH



**WAIVER OF LIABILITY/INFORMED CONSENT FORM  
MEZCOPH WELLNESS ROOM**

Participant Name: \_\_\_\_\_

Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Emergency Contact Name & Phone: \_\_\_\_\_

The MEZCOPH Wellness Room has been developed to more fully meet the fitness and health goals for members of the MEZCOPH Community. Americans are increasingly lacking in physical activity, with less than 15% routinely meeting physical activity goals and perhaps as important, most increasing sedentary time through high screen time. This facility is designed to:

- Increase activity during the work day by breaking-up periods of prolonged sitting time
- Provide resources for self-assessment of physical activity and dietary practices/habits
- Enhance healthy behaviors through reliable information
- Reduce stress through stretching, relaxation, and energy expenditure
- Build support among faculty, APS, staff and students in “walking the talk” for public health

I, \_\_\_\_\_, understand that my participation & utilization of the **MEZCOPH Wellness Room** is completely voluntary. I affirm that I am in good physical condition and do not suffer from any disability which would prevent or limit my participation in the use of the wellness room. In consideration of my participation in any exercise program, I hereby release **MEZCOPH and the University of Arizona** (its employees and administrators) from any claims, demands, and causes of action arising from my participation in this voluntary exercise program. I fully understand that if I injure myself as a result of my participation in this exercise program, I hereby release **MEZCOPH and the University and the University of Arizona** from any liability now or in the future including, but not limited to heart attacks, muscle strains, pull or tears, broken bones, shin splints, knee/lower back/foot injuries, and any other illnesses, soreness or injury however caused, occurring during, or after my participation in the exercise program or testing.

I hereby affirm that I have read and fully understand the above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
What is your affiliation with MEZCOPH or UA? (e.g., student, staff, faculty)

\_\_\_\_\_  
Date

*Please return completed form with a copy of your Cat Card to Juan Carlos @ [portillj@u.arizona.edu](mailto:portillj@u.arizona.edu). Juan Carlos will process all requests to assure access for all interested students, staff and faculty.*