



**PARTICIPATION CONSENT**

Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street, City, State Zip Code

I, \_\_\_\_\_,

*(name of participant or legal representative)*

give consent for \_\_\_\_\_ to participate in the after work

*(participant's name)*

Be Well-Work Well Fitness Program at TASK between August 14<sup>th</sup>, 2024 and September 18<sup>th</sup>, 2024.

If the participant listed above is unable to sign and you are a legal guardian or personal representative signing on their behalf, please complete the following:

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

**EMERGENCY MEDICAL TREATMENT RELEASE**

I give my consent to Lafayette Work Center, Inc., or persons operating in its behalf, the unqualified right and permission to obtain emergency medical and hospital care for myself, my son/daughter, or my ward (guardian) in the event of an emergency.

\_\_\_\_\_

Signature

Date

**RELEASE OF LIABILITY**

In consideration of being permitted to participate in the activities, programs, and services offered by Lafayette Industries, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I, release, discharge, and waive any and all claims or actions that may rise against Lafayette Work Center, Inc., its subsidiaries, parent companies, associated companies, agents, employees, representatives, directors, successors and assigns (collectively, “Lafayette”) from and for any responsibility and/or liability or losses of any nature, including, without limitation, property losses, personal, bodily or mental injury, economic loss of any damage to me, my spouse, my children, or guests resulting from the

**NEGLIGENCE or FAULT** of Lafayette. I agree to defend, indemnify and hold Lafayette harmless against any claims arising out of the negligent or willful acts or omissions of me. The release contained herein is intended to be the fullest and broadest release permissible under applicable law. This release is also severable and the invalidity or unenforceability of any one or more of the provisions hereof shall not affect the validity and enforceability of the other provisions hereof.

**I HAVE READ AND AGREE TO THE TERMS AND CONDITIONS ABOVE,  
INCLUDING THE RELEASE OF LIABILITY.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_(e.g, guardian, attorney-in-fact)



**TRANSPORTATION CONSENT**

I, \_\_\_\_\_ (guardian) hereby give permission for Lafayette  
to transport \_\_\_\_\_(participant)  
from Lafayette Industries West, 179 Gaywood Drive, Manchester, MO 63021 to TASK 980  
Horan Dr, Fenton, MO 63026 in Fenton for the course of the 2024 Be Well Work Well Program.

By signing this form, I hereby release Lafayette Work Center, Inc. from all liability or damages for any and all injuries arising from the negligence of any of the above while traveling to this activity via private transportation. I acknowledge that Lafayette may hire or contract with a third-party to provide transportation. Lafayette may choose any third-party it deems appropriate to provide transportation, and that the foregoing waiver(s) includes any claims against Lafayette for the hiring or contracting of the third-party, including, without limitation, negligent entrustment or negligent hiring.

\_\_\_\_\_  
Parent/Legal Guardian Signature Date

\_\_\_\_\_  
Parent/Legal Guardian Name (Please Print)

\_\_\_\_\_  
Participant Signature Date

\_\_\_\_\_  
Participant Name (Please Print)