

**Associate Waiver for Recreational,  
Social or Athletic Activities**

In order to be allowed to participate in the off-duty volunteer, recreational, social or athletic activity of loading medical equipment and supplies to be shipped to International Partner Communities (“Activity”), organized by Adventist Health System/West dba Adventist Health (“Adventist Health”), a California nonprofit religious corporation, I, \_\_\_\_\_, hereby agree to the following:

- Participation in this Activity is strictly voluntary and employment with Adventist Health is in no way conditional upon or connected with such participation. Participation in the Activity, is to yield benefits such as recreational enjoyment, community involvement, social interaction, and physical exercise.
- I hereby release and forever discharge and hold harmless Adventist Health, its officers, directors, shareholders, members, agents, employees, medical staff, insurers, reinsurers, attorneys, successors, assigns, parent companies, subsidiaries and divisions, affiliates and related organizations, for any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my Activity with Adventist Health.
- I understand that this release discharges Adventist Health from any liability or claim that I may have against Adventist Health with respect to any bodily injury, personal injury, illness, death or property damage, which includes claims for workers' compensation benefits, that may result from my participation in the Activity, whether caused by the negligence of Adventist Health or its officers, directors, shareholders, members, agents, employees, medical staff, insurers, reinsurers, attorneys, successors, assigns, parent companies, subsidiaries and divisions, affiliates and related organizations or otherwise. I also understand that Adventist Health does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.
- Pursuant to Section 3600 of the California Labor Code, employee is advised that participation in this Activity is voluntary and is off-duty. Employee hereby waives workers' compensation coverage for any injury that arises out of activities during this voluntary and off-duty recreational Activity. The Activity for which employee waives workers' compensation coverage is listed below: participating in the loading of medical equipment to be shipped to International Partner Communities. The waiver may not bar any workers' compensation claim filed for death benefits by the employee's dependents.

I, the undersigned, declares that I am a voluntary participant in the Activity listed above.

**Associate Name**

**Associate Signature**

**Date**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Date**

\_\_\_\_\_

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\_\_\_\_\_

**By:**

**Signature**

**Adventist Health System/West  
dba Adventist Health**