liability release form

Hewlett-Packard Company
Employee Programs
US HR Benefits
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Liability Release Form for Employee Clubs and Social Organizations
(employee must complete a form for each club)

Club Name: _____

Name of Employee: _____

Employee No: _____ Division Name: _____

Site/Location: _____

This activity presents the risk of injury. This exculpatory release confirms that the participant who signs below accepts all aspects of that risk.

1. I acknowledge that the recreational activity described above is neither operated nor supervised by Hewlett-Packard Company (HP) and that HP's involvement consists solely of providing facilities, equipment, funds and/or permission for the activity.

2. I recognize that the activity presents risks and hazards, known and unknown. I am participating in it voluntarily, knowing it may result in injury to myself or others.

3. In return for HP's contribution of facilities, equipment, funds and/or permission, and as a condition of participation, I assume all risk and responsibility for any injury (including death) or damage to my person or property or the persons or property of others, including my family, that may arise in connection with the activity. I release, discharge and indemnify HP and its employees (whether or not acting within the scope of their employment), agents and contractors from all claims or liability for any such injury or damage, regardless of whether they may be wholly or partly negligent or otherwise at fault.

4. In addition, I indemnify HP and its employees, agents and contractors from all loss, costs (including attorneys' fees), expense, damage, claims or liability due to my alleged negligence or fault, including claims or liability relating to injury to others.

5. By signing this release, I certify that I have read and understand it; it binds me, my family, and my heirs, representatives, successors and assigns; and it comprises the entire agreement relating to this subject, superseding and other agreements, representations, inducements or understandings, whether written or oral. I acknowledge that no HP employee has authority to waive or modify the provisions of this release except in a written agreement signed by an HP officer or General Manager.

Name (please print): _____

Signature: _____

Date: _____