



Please complete top section and sign the bottom.
 If you would like to add family members, please also fill out side B
 Completed forms should be submitted to Allison North in the Personnel Department.
 Monthly dues will be deducted from your paycheck.

EMPLOYER BENEFIT AUTHORIZATION - ATTACHMENT A

This form authorizes the below Employee to use the benefits provided under the Agreement dated September 11, 2015, between Roseville City School District ("Employer") and California Family Health LLC, dba California Family Fitness ("CFF").

Printed Name of Employee:	
Employee Date of Birth:	
Employee work or personal email:	

The Employee is a current Employee of Employer and has voluntarily signed the below waiver.

ACKNOWLEDGED AND AUTHORIZED BY EMPLOYER:

By: _____

Printed Name: _____

Title: _____

Date: _____

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EMPLOYEE - READ AND SIGN THE BELOW

WAIVER AND RELEASE OF LIABILITY: It is expressly agreed that the use of all California Family Fitness facilities, without limitation and whether engaging in exercise activities or not, shall be undertaken by you at your sole risk, and California Family Fitness shall not be liable for any injuries or any damages to you, or to your property, or be subject to any claim, demand, damages or causes of action arising out of the use of, or occurring on, any California Family Fitness facility or premises regardless of whether it was caused by the negligence of California Family Fitness or its employees. You also expressly acknowledge that by signing below you are relinquishing all rights you may have to sue California Family Fitness for injuries arising out of the use of any and all California Family Fitness facilities, services and/or any event sponsored by or associated with California Family Fitness. It is agreed that this waiver and release agreement applies to any and all incidents occurring on the California Family Fitness premises, including, but not limited to, slip or trip and fall incidents, negligent supervision or instruction claims, malfunctioning equipment, and any other injury sustained on the California Family Fitness premises regardless of the cause. You also acknowledge that you are relinquishing, on behalf of any minor children (under 18) using California Family Fitness facilities, all rights the child may have to sue California Family Fitness for injuries arising out of his or her use of or presence upon any California Family Fitness facilities or premises.

You are aware and agree that by executing this waiver and release, you are giving up your right to bring legal action or assert a claim against CFF for its negligence, or for any defective product on its premises. You have read and voluntarily signed the waiver and release and further agree that no oral representations, statements, or inducement have been made.

 Employee Signature

 Date:

