


TDCJ Wellness Initiative Now Waiver and Indemnity Agreement

I,	
In addition, I agree to hold harmless and indemnify the Texas Department of Criminal Justice, its agents and employees, the Texas Board of Criminal Justice, and the State of Texas, its agents, employees, and political subdivisions thereof, from any costs, claims, actions, litigation (to include attorney fees) arising, directly or indirectly, from my use of any premises or equipment belonging to TDCJ or my participation in the Wellness Initiative Now Program with respect to damage to property and injury to other persons.	
I acknowledge and affirm that I have carefully read the guidelines and have obtained a satisfactory explanation of any part thereof that I do not understand.	
Printed Name	Employee Signature
11. 1/12	
Unit/Department	Date (mm/dd/yyyy)
Date of Birth (mm/dd)	WIN Representative/Team Captain