

Maricopa County Employee Health Initiatives Wellness Program Fitness Center Application

Please PRINT your name clearly as it appears on your badge

(Last) (First)

(Dept. Name) (Work #) (employee ID) (ID# on back of ID badge)

(Dept. Address) (Suite)

The following topics have been explained to me in my orientation to the Fitness Center, or *I elect to bypass* an orientation. I understand that the Fitness Center may be without supervision and the Wellness Coordinator may be available for any questions or concerns when utilizing the center. Please mail or fax (602-506-1292) forms to Wellness Coordinator, Suite B-70, 301 W. Jefferson or bring to box outside the FC. For access to Durango facility please send form to MCDOT Customer Service.

(Date) (Signature)

1. Scan In Procedures and access privileges
2. Rules for Fitness Center usage
3. Use of locker rooms and showers
4. Cardiovascular equipment usage
5. Multi-gym, free weights, dumbbells, abdominal machines, and stretch band use
6. Safety guidelines in using the equipment
7. Facility safety (panic button, phones)
8. Importance of consulting your Physician before beginning an exercise program

Person administering orientation: _____

Maricopa County Employee Health Initiatives Operating Policy

Welcome! In order to make the Fitness Center a safe and healthy environment for all employees, we ask that you read and adhere to the following operating policy. If you should have any questions, please feel free to ask.

1. Use of the facility is limited to Maricopa County employees ONLY. Employees agree to carry employment verification (i.e. Maricopa County ID badge).
2. ALL employees agree to complete an orientation, if needed, prior to usage of the Fitness Center.
3. ALL employees must scan their badge to enter the Fitness Center. Any employee entering without scanning their badge or letting others enter will have their Fitness Center privileges revoked.
4. During peak hours, maximum time limit on one piece of equipment is 20 minutes. This applies only if others are waiting to use that equipment.
5. Lockers are day use only. All belongings will be removed on a daily basis. Maricopa County is not responsible for abandoned personal property.
6. Employees shall use their own bath and sweat towels.
7. Appropriate exercise attire is requested. Closed toe shoes required. Shirt and shoes required at all times.
8. Each employee shall put back his/her equipment and wipe down equipment after use.
9. No food, drink or personal items allowed in the Fitness Center.
10. It is herby that Maricopa County and/or their officers, agents and employees are not responsible for any lost or stolen articles of clothing or other lost articles or possessions of personal property.
11. Employee agrees to pay for repairs of equipment due to careless use, etc.
12. Leave Fitness Center and Locker Rooms in same condition as when first entered, put magazines away and throw trash in receptacle.
13. Undersigned employee understands and agrees that his/her misuse or abuse of Fitness Center equipment will cause his/her Fitness Center privileges to be revoked for a minimum of 30 days for the first occurrence and one year for subsequent occurrences.

PERSONS NOT FOLLOWING RULES WILL HAVE PRIVILEGES REVOKED!!!!

I have read and understood the preceding policies.

(Print Name)

(Signature)

(Date)

**Maricopa County Employee Health Initiatives
Release and Waiver
THIS IS A RELEASE OF LIABILITY**



(Last Name) (First Name) (Middle I.)

In Case of Emergency, Contact: _____
(Name) (Relation) (phone #)

RELEASE AND WAIVER AGREEMENT

The undersigned agrees to the following terms which he or she has read and understands.

1. Upon entering the Fitness Center, he/she shall scan in and display his/her proof of employment.
2. He/She acknowledges that his/her use of the premises is without supervision and without protection by a trainer or assistant, that the weights, weightlifting devices, exercise apparatus, and other equipment or facilities of the Fitness Center pose dangers to the user through his/her own use or misuse or through the use or misuse by other persons.
3. He/She undertakes to exercise, work out, or in any other way engage in weightlifting or any of the activities of the Fitness Center without any medical advice of any kind from the management of the Fitness Center; that he/she undertakes these activities with full knowledge that the activities may jeopardize his/her health and/or body functions or conditions.
4. That even though he/she may obtain advice from any other parties or from the Wellness Coordinator as to the types of weightlifting or exercise to engage in, that the management does not in any way make any assurances to him/her that such advice is sound or based upon any medical or health or weightlifting expertise and that in all such cases as to level or effort to be expended, activities to be performed, apparatus to be used, etc., the decisions are solely that of the user and not of the management.
5. That he/she has read and agrees to abide by the operating policies of Maricopa County Fitness Center set forth on the following pages of this agreement.

In light of all foregoing, the undersigned does hereby release and hold harmless Maricopa County and its management from any and all liability for any injury, damage or claims that the undersigned may have against Maricopa County or its management for anything in relation to the use of the Fitness Center.

Furthermore, the undersigned acknowledges that rules and regulations pertaining to the use of the premises may be posted from time to time and may be amended from time to time and that he/she will abide by those posted operating policies.

Do not sign this document until you have read it in its entirety and understand it.

(Print Name)

(Signature)

(Date)

Maricopa County Employee Health Initiatives Liability Release

In light of the foregoing, the undersigned does hereby agree to release, discharge and hold harmless Maricopa County and its officers, employees and agents from any and all claims, demands, causes of action, judgments, costs and any liability whatsoever related to the undersigned's use of the Fitness Center.

I fully understand that there may be no attendants or other County employees in attendance while I use the Fitness Center facilities.

I represent that I am completely familiar with the equipment and facilities which I will use during my visits to the Fitness Center. I agree to refrain from using any equipment with which I am not completely familiar.

I also represent that any exercises or exercise techniques that I choose to utilize are strictly of my own selection and are not chosen in reliance upon any advice or representation of any Maricopa County agent or employee. I certify that I am in good physical health and am capable of engaging in my intended course of exercise in a safe and healthy manner. I fully understand the risks inherent in undertaking a course of physical exercise and acknowledge that it is exclusively my responsibility to seek from my own physician a medical evaluation and clearance before engaging in any physical exercise.

This release of liability shall apply to any right of action that might accrue to myself, my heirs and personal representatives. I agree to assume all risks inherent in using the Fitness Center, its facilities and equipment, including the risk of injury caused by malfunctioning or improperly maintained equipment.

UNDERSTANDING OF WAIVER AND RELEASE: The undersigned certifies that he/she has read and understands the contents of the Release and Waiver and desires to be bound by its terms.

(Print Name)

(Signature)

(Date)