



## Clarksville Montgomery County School System

### Fitness Center/Employee Wellness Program Activity Application

Please **print** your name as it appears on your badge.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

School: \_\_\_\_\_

School Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_

#### CMCSS Fitness Center Operating Policy Acknowledgement

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.

**Anyone not following this Operating Policy or other posted Fitness Center regulations will have privileges revoked.**

1. Use of the Fitness Center is limited to CMCSS employees. All employee(s) agree to carry employment verification while utilizing fitness equipment (i.e. CMCSS ID badge).
2. Employee is encouraged to request an orientation, if needed, prior to using the Fitness Center.
3. Appropriate exercise attire is requested. Shirts and closed toe shoes are required at all times.
4. Employee must wipe down equipment with CMCSS supplied disinfectant and paper towels and put it back after use.
5. Employee must leave Fitness Center in the same condition as when first entered.
6. With the exception of water bottles, food and/or drinks are not allowed in the Fitness Center.
7. CMCSS will not be held responsible for any lost/stolen personal items brought into the Fitness Center.
8. Employee will report equipment that is not working properly immediately to the Fitness Representative.
9. Misuse or abuse of the Fitness Center equipment will cause Fitness Center privileges to be revoked.



## Release of Liability

Please read each statement and indicate your agreement with a check mark.

- ☐ I understand that any exercises, exercise techniques, or exercise equipment that I choose to utilize as part of the CMCSS Fitness Center is strictly of my own selection.
- ☐ I am familiar with the equipment that I will use during my visits to the Fitness Center and I agree to refrain from using any equipment with which I am not completely familiar with.
- ☐ I agree to inspect any equipment that I intend to use prior to using it, to report any perceived malfunction or disrepair and to refrain from using equipment that may be unsafe.
- ☐ I understand that the Fitness Center is available for use by CMCSS employees' before/during/after the school day.
- ☐ I understand that the Fitness Center may not be supervised and that there may be no attendants or other employees on site while I use the facility, and I agree to the use of such facilities and equipment entirely at my own risk.
- ☐ I certify that I 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.
- ☐ I agree to release, discharge and hold harmless CMCSS from any and all claims, injuries, demands, causes of action, judgments, costs and any liability whatsoever in any way related to the use of the Fitness Center in accordance with OJI-F002.
- ☐ I agree to assume all risks inherent in utilizing Fitness Center equipment, including the risk of injury caused by malfunctioning or improperly maintained equipment.
- ☐ I acknowledge that any injury, strain or medical issues arising from my participation will not be covered by OJI Coverage.
- ☐ I understand that my participation in the CMCSS Fitness Center is voluntary and not a requirement of my employment, nor is it included in my job description /assigned duties.
- ☐ I certify that I have read and understand the contents of the **CMCSS Fitness Center Operating Policy Acknowledgement and Release of Liability** and will abide by its terms.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please sign and return these documents to your Fitness Center Representative.**