**COUNTY OF HENRICO FITNESS & WELLNESS ASSUMPTION OF RISK WAIVER**

\*\*\*You must be a county employee eligible to be covered under the medical plan. All information given is confidential but required for registration. Employees must complete this form to access fitness services\*\*\*

***EMPLOYEE INFORMATION***

Name: Date: / /

Department/Division/Location:

County Email Address:

County Work Phone: ( )

***PERSONAL INFORMATION***

Home Address:

City: State: Zip Code:

Phone: Cell ( ) Home ( )

Date of Birth: / / Age: Gender:

EMERGENCY CONTACT:

 Relationship: Phone: ( )

***MEDICAL INFORMATION***

Do you know of any medical problem that might make it dangerous or unwise for you to participate in an exercise or fitness program?

YES NO

If yes, please explain

***EXERCISE HISTORY***

Do you currently exercise on a regular basis? YES NO

If yes, number of times per week? How long do you exercise?

What type of exercise(s) do you do?

Based upon your exercise history, please circle your current fitness level: Beginner Intermediate Advanced

***ASSUMPTION OF RISK***

*I understand that this program involves strenuous physical activity and that physical injury may occur. In addition, I understand that there are risks inherent in this voluntary fitness activity. These risks include a possible injury to muscles, bones and skeletal structures, abnormal blood pressure response, irregular heartbeats, a risk of fainting, a chance of heart attack, serious cardiac arrhythmia or even death. Therefore, I understand it is important to disclose any preexisting health condition or injury that may adversely affect my performance while exercising and further to obtain my physician’s approval before voluntarily participating in this program. Knowing the risks, I agree to assume responsibility for these risks. I further understand that Henrico County is not liable for any injuries that may result from my participation in this voluntary fitness program. Henrico County recommends that participants secure adequate medical insurance to cover any injuries that may arise from your voluntary participation in this fitness program. I have read this document. I understand it, and any questions that I had, have been answered satisfactorily. I am participating at my own risk. I understand the potential health risks concerning my participation in the exercise program.*

Signature Date

**USE & ACKNOWLEDGMENT FORM FOR ALL COUNTY EMPLOYEES**

HENRICO COUNTY TRAINING CENTER
WEIGHT/WORKOUT AND MULTI-PURPOSE ROOMS

1. You must attend fitness orientation BEFORE using the fitness facility or any equipment (names are kept on file).
2. The Weight/Workout and Multi-Purpose rooms are for use by permanent Henrico County Government and Schools Employees ONLY. No family members or friends are permitted to use the facility.
3. The fitness areas are available for use during regular building hours, 6:00 AM to 10 PM (Monday-Friday) with priority given to Public Safety personnel.
4. For safety purposes, the ‘buddy’ system is recommended when using strength training equipment in the weight/workout room.
5. If asked, you must present your county issued identification card for verification purposes.
6. Check-in each time you attend a fitness class, use the weight/workout and multi-purpose rooms, and fitness trail, by logging into the check-in computer with your fitness scan card.
7. Proper exercise attire (i.e. T-shirt/shorts) and clean, non-marking athletic footwear must be worn when utilizing the fitness equipment or participating in a fitness class. Opened toed shoes, sandals, flip flops, jeans, and button down/collared shirts are prohibited in the fitness facility when working out.
8. Store items in lockers marked “DAY LOCKERS” only and remove personal items and lock from locker before departing the Training Center.
9. Access to the Training Center for fitness/exercise purposes is limited to the first floor.
10. All equipment will operate on a shared basis. Equipment must be returned to its proper storage area after use.
11. Spray equipment, benches and mats with cleaning solution and wipe down with a paper towel when finished.

I have read the procedures above and agree to abide by them. Failure to comply with these procedures will result in loss of privileges for use this facility. I realize that use of the equipment and participation in the fitness program is voluntary.

Employee’s Name (print):

Signature: Date

**Office Use Only**

Employee’s Assignment Number:

Check-in Scan Card Number: Original Replacement

Date Orientation Completed: Renewal Date:

Instructor: