



Code of Conduct

1. I am using the Fitness Center OR participating in a Fitness Class at my own risk.
2. I will use the Fitness Center OR participate in a Fitness Class during my own time (unpaid time).
3. I will leave the Fitness Center or location used for a Fitness Class in the same condition I found it.
4. I will use the Fitness Center or location used for a Fitness Class in a safe manner.
5. I will not give the entry code for a Fitness Center to anyone else and I will not open the door for anyone else that does not have the entry code.
6. I will conduct myself in a professional manner and will treat other people and this facility with respect.
7. I will hold myself and all others accountable for violations of this policy and will help enforce these rules.
8. I am a St. Johns County full-time employee. I understand spouses, children and visitors are NOT allowed.
9. I will follow all posted Fitness Center rules.

This is a self-policing, honor system, unsupervised “pilot program.” Please use your good judgment and discretion when using the Fitness Center OR participating in a Fitness Class. If a Fitness Center experiences injuries, vandalism, misuse of equipment, theft, unsafe acts, etc. it will be closed permanently.

Assumption of Risk, Waiver and Release of Liability Agreement for Participation in St. Johns County Wellness Program

Warning: No exercise, diet, fitness or wellness program should be initiated without first consulting with and obtaining approval of your physician.

1. My participation in the St. Johns County Wellness Program is voluntary and is considered to be recreational and/or social activity which is not a required incident of my employment.
2. I fully understand, acknowledge and accept that my voluntary participation in the St. Johns County Wellness Program is unrelated to my employment.
3. I fully understand and agree that my participation in the St. Johns County Wellness Program must be undertaken by me only during non-working hours. The time that I spend exercising is unpaid and it not work time.
4. I fully understand and appreciate the risk of injury from exercise I perform pursuant to the St. Johns County Wellness Program.
5. I knowingly, voluntarily and with fully informed consent do assume all risk of injury, harm, loss, disability or death which may result from any exercise performed through the St. Johns County Wellness Program, including but not limited to the use of equipment and facilities, and participation in any aspect, including but not limited to exercise, diet and/or fitness components, of this program.



USE OF FITNESS CENTER & FITNESS CLASS PARTICIPATION

Assumption of Risk, Waiver and Release of Liability Agreement for Participation in St. Johns County Wellness Program continued...

- I, for myself and on behalf of my heirs, assigns, personal representatives, next of kin, and anyone entitled to act on my behalf to recover damages as a result of any injury, harm, loss, claim, disability or death in any way incident to, connected with, or related to my participation in the St. Johns County Wellness and Exercise Program, do hereby waive, release, discharge, hold harmless, and agree to indemnify and defend St. Johns County, the Board of County Commissioners of St. Johns County, each of their officers, officials, agents and/or employees, from and against any and all losses, claims, liabilities, causes of action, damages, judgments, costs and expenses of any kind, including but not limited to any worker compensation claims under Chapter 440, Florida Statutes, that arise from, or are in any way incident to, connected with, or related to my participation in any aspect of the St. Johns County Wellness Program.

I understand this policy and agree to follow all of the rules whether written, posted or implied.

I understand I must sign an Assumption of Risk, Waiver and Release of Liability Agreement for Participation in St. Johns County Wellness Program before being given the entry code to the Fitness Center or participating in a Fitness Class.

DATED this _____ day of _____, 20_____.

ST. JOHNS COUNTY, FLORIDA

Employee Signature

Print Name

Work phone number or work cell number

Employee ID number

Department/Division name