

FITNESS CENTER & CLASS PARTICIPATION WAIVER

Return completed form to bccbenefits@sjcfl.us or fax to 904.209.2414.



CODE OF CONDUCT

1. I am using a St. Johns County (SJC) fitness center or participating in a fitness class at my own risk, in a safe manner and during my own unpaid time.
2. I will leave a SJC fitness center or location used for a fitness class in the same condition I found it and report fitness center equipment issues to the Wellness Coordinator.
3. I will not give the entry code for a SJC fitness center to anyone else and I will not open the door for anyone else who does not have the entry code.
4. I will conduct myself in a professional manner and will treat other people and the facility with respect.
5. I will hold myself accountable for violations of this policy and will help enforce the rules.
6. As a St. Johns County employee, I understand spouses, dependents, contractors and other visitors are **not** allowed to use a SJC fitness center or participate in a fitness class.
7. I will follow all posted SJC fitness center rules.

ASSUMPTION OF RISK, WAIVER & RELEASE OF LIABILITY AGREEMENT

1. My participation in the St. Johns County Wellness Program is voluntary and is considered to be a 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 I spend exercising is unpaid and is 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.
6. 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, 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 rules whether written, posted or implied.
- I understand I must sign an Assumption of Risk, Waiver and Release of Liability Agreement for participation in the St. Johns County Wellness Program before being given entry to a SJC fitness center or participating in a fitness class.

Print Name:	Employee ID Number:
Department/Division:	
Contact Number:	
Signature:	Date: