

DESK TREADMILL AND BIKE SAMPLE WAIVER AND RELEASE FORM

Name _____ Date of Birth _____

Address _____
Street City State Zip

Phone: Home: _____ Work: _____

Emergency Contact: Name: _____ Phone: _____

Participants must be employees of Emergency Management and Communications to use the Desk Treadmills and Bikes on the dispatch floor.

The undersigned, hereby agrees to the following:

1. That use of the Desk Treadmills and Bikes is at my own risk; I hereby release [insert Comm Center Name] from any and all liability for injury or death arising out of my use of the equipment.
2. That it is my responsibility to ensure that I am physically able to operate the equipment. I understand that I am responsible for monitoring my own physical and mental condition throughout my use of the equipment and assume the risk of such use.
3. That [insert Comm Center Name] will provide no medical personnel, equipment, or materials as part of the Fitness Room and each participant enters and participates entirely at his/her own risk.
4. I have been advised to become familiar with the equipment before use.
5. I understand that there are no physical exercise professionals on site.
6. As a condition precedent to and in consideration of permission to use the Desk Treadmill and Bike, the undersigned, knowingly and voluntarily assumes any and all risk inherent in the pursuit of all exercise activities while on the premises and using this equipment. By my signature I waive and release any and all claims arising out of the use of the equipment against the [insert (County Commissioners), (County Government, their officers, Commissions, employees and agents, for any damages, injury or death.)

As a County employee, I understand that the use of the Desk Treadmill and Bike is a voluntary activity and that I am under no duty to attend nor instructed from any supervisory personnel of [insert Comm Center Name] to use the equipment. The use of this equipment does not constitute the performance of any of my job duties or tasks for [insert Comm Center Name]. Any injury resulting from the use of the facility or equipment shall not be covered by workers' compensation.

In signing this consent form, I affirm that I have read this form in its entirety and I understand its contents. Questions concerning the use of the facility have been answered to my satisfaction.

Employee Signature

Date Signed

Witness Signature

Date Signed