



**UNITED WELLNESS CENTER  
EMPLOYEE WAIVER FORM**

Employee Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Emergency Contact/Number \_\_\_\_\_

As an employee of the United School District, before I may use the district Wellness Center, I fully understand that:

1. The district highly suggests that I have a full physical and receive clearance from my family physician before utilizing any of the equipment available in the Wellness Center.
2. I have been advised to always work out with at least one (1) partner.
3. I understand that the fitness center should only be used by employees on their own time and not during prep time, teaching time or shift time.
4. I assume all risks and hazards incidental while using any piece of equipment in the United Wellness Center.
5. Any and all accident insurance will be provided by the individual employee.
6. Injuries occurring in the Wellness Center during hours when the employee is not working for the district will not be covered by workers' compensation insurance.
7. Any and all claims will be waived by signing this form.
8. I must sign in and out on the Wellness Center log-in sheet.
9. I may not alter my shift in any way to accommodate use of the Wellness Center.
10. Participants must wear appropriate clothing, including rubber-soled gym shoes.
11. Inappropriate attire will not be tolerated.
12. Food, tobacco, and beverages are prohibited inside the facility.
13. The district is not responsible for the loss of personal property.
14. Unacceptable behavior, such as profane language or insulting speech, will not be tolerated and may result in the suspension or termination of rights to the facility.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

This form must be completed and returned to the United High School Phys Ed Department before access is permitted to the United Wellness Center.

**United Wellness Center**



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