

COUNTY OF HENRICO FITNESS ASSUMPTION OF RISK WAIVER
Must be returned in a sealed envelope for confidentiality.
YOU MUST COMPLETE THIS FORM TO ACCESS FITNESS SERVICES

Name: _____ Date: _____
Department: _____ Email Address: _____
Personal Information: Age _____ Date of Birth: _____
Phone: Work (_____) _____ Home (_____) _____ Cell (_____) _____
Home Address _____
City _____ State _____ Zip Code _____
Emergency Contact _____ Relationship: _____ Phone: (_____) _____
Physician's Name _____ Phone (_____) _____
Health Insurance Provider _____ Insured's ID # _____

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, 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 assess your fitness level: Beginner Intermediate Advanced

ASSUMPTION OF RISK WAIVER

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 willingly and at my own risk. I understand the potential health risks concerning my participation in the exercise program.

Signature _____ Date _____

Print Name _____

You must be a county employee eligible to be covered under the medical plan. All information given is confidential, but required for registration. Please return this form in a sealed envelope. Please print all information.

Please mail (faxes are not accepted) completed Registration Form to:
Liz Stovall, Division Manager
Sto077@co.henrico.va.us
(804) 501-7556

Human Resources Department - Henrico Training Center-PO Box 90775, Henrico, VA 23273-0775

Use & Acknowledgment Form for Non-Public Safety Personnel
WEIGHT/WORKOUT and MULTI-PURPOSE ROOMS
Henrico Training Center

Name: _____ Dept: _____ Phone #: _____

Name & Phone # of an Emergency Contact: _____

Multi-Purpose & Weight/Workout Room Procedures

- ✓ You must have completed an orientation class (names are kept on file)
- ✓ Weight/workout room and gym are for use by permanent Henrico County Government Employees **only**, no friends or family members are permitted to use facilities
- ✓ Available for use during regular building hours, 6:00 a.m. to 10:00 p.m. (Monday - Friday) with priority given to Public Safety personnel until 4:30 p.m. After 4:30 p.m. use is limited to first come, first serve basis.
- ✓ For safety purposes, the 'buddy' system is recommended when using the weight/workout room, but it is **required** for the use of free weights
- ✓ **Have your County ID available**
- ✓ Sign in, by logging on to computer, before using equipment
- ✓ Proper exercise attire (i.e. T-shirt/shorts) and clean, non-marking type athletic footwear must be worn
- ✓ Store items in lockers marked "Day Lockers" ONLY and remove personal items and lock from locker before departing
- ✓ Access to building is limited to first floor only
- ✓ No food allowed
- ✓ Replace weight plates to trees & dumbbells to racks after use
- ✓ Wipe down equipment when finished

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

Employee's Signature

Date

Office Use Only	
Date Orientation Completed: _____	
Instructor: _____	Key Card - # Assigned _____