

COWLITZ COUNTY EXERCISE PARTICIPATION WAIVER

Cowlitz County encourages every employee to obtain a physical examination from the employee's primary care physician or other health care provider prior to starting an exercise program, whether or not that program involves the use of exercise equipment or is conducted under formal supervision.

The undersigned employee expressly acknowledges and agrees as follows:

- Cowlitz County has authorized the use of County property or facilities for physical exercise activities by employees.
- The County does not provide any supervision or direction for such activities.
- Any exercise activity involves some risk of physical injury.
- Use by employees of County property or facilities for personal exercise activities will be at the sole risk of the employee.

In recognition of the foregoing, the undersigned employee hereby releases Cowlitz County, its elected or appointed officials, and all employees and agents of Cowlitz County while acting in such capacity, from any claim for loss or injury of any kind or nature arising out of or incident to the use of County property or facilities for any such exercise activities. This release and waiver is knowingly and voluntarily made by the undersigned employee, having read the same and being familiar with its terms.

Employee Signature

Date

Full Name

Street Address

City

State

Zip Code

Home Telephone No.

Department

Work Telephone No.

PLEASE RETURN THIS FORM TO RISK MANAGEMENT