

## **EMCBC Physical Fitness Program Application Form**

I understand the Environmental Management Consolidated Business Center (EMCBC) will pay the fees as outlined in the EMCBC Physical Fitness Program Description or subsequent version. I am personally responsible for additional fees, including family memberships, and food supplements.

I also understand that: (1) physical fitness facility or program fees paid for by the EMCBC are considered a taxable benefit; (2) the total of those payments made by the EMCBC will be reflected on the annual W-2, Wage and Tax Statement; and (3) I will be subject to tax on those amounts.

**WAIVER/INDEMNIFICATION:** I hereby agree to abide by all the rules and regulations that govern the use of a physical fitness facility or program. I agree that my membership to a physical fitness facility or participation in a fitness program is voluntary and is for my direct personal benefit. I acknowledge that my membership to a physical fitness facility or participation in a fitness program in no way involves the performance of my official work duties.

I agree that neither the United States Government, the EMCBC, nor any of their staff shall be liable for any personal harm, injury, or death that may occur to me or any other person or entity as a result of my use of the facilities, equipment, exercise activities, or diet including but not limited to any injury that may be sustained as a result of ill health or a pre-existing condition.

I further agree to indemnify and hold harmless the United States Government, the EMCBC, or their agents and employees from any claims, demands, and causes of action of every kind and character on account of bodily injuries, death, or damage to, or loss of property arising out of or in connection with my membership to a fitness facility or fitness program.

I hereby release and hold harmless my fitness counselor(s) or instructor(s) and all sponsoring agencies and their employees from responsibility for any injuries and/or illnesses I may receive as a result of participation in this program.

I acknowledge and agree that I should consult a physician and/or undergo a fitness evaluation and assessment in order to determine an appropriate exercise for me, and that I assume all responsibilities for obtaining such fitness evaluation and assessment prior to joining a physical fitness facility or fitness program.

**I UNDERSTAND AND AGREE TO THE ABOVE TERMS AND CONDITIONS.**

**WORK PHONE NO:**

**DATE:**

**EMPLOYEE SIGNATURE:**

**NAME AND ADDRESS OF PROPOSED PHYSICAL FITNESS FACILITY OR FITNESS PROGRAM:**  
(Attach general information brochures, cost outlines, facility capability statements, and sample contract.)

### **PHYSICAL FITNESS ADMINISTRATOR**

I certify that the above employee has complied with the conditions and requirements as stated in the EMCBC Physical Fitness Program Description.

**SIGNATURE:**

**DATE:**