



Maricopa County Employee Wellness Program Fitness Center Application

Please **print** your name as it appears on your badge.

Last Name _____ First Name _____

Department Name _____

Department Address _____

Work Phone _____ Email _____

Employee ID Number _____

Number on County Issued ID Badge _____

(Your "access badge" is used as a credential to gain entry to an area having automated access control entry points. Entry points may be doors, turnstiles, parking gates or other barriers. **The number is on the back of your badge in the bottom right hand corner.** Please include the entire number – even the digits before **AND** after the hyphen.)

Check the box for the facility(ies) you intend to use:

- Administration Building**, 301 W. Jefferson, Phoenix AZ
(INCLUDES FITNESS CENTER AND GROUP EXERCISE STUDIO; AVAILABLE 24/7)
- MCDOT Operations Fitness Center**, 2909 W. Durango, Phoenix, AZ
(INCLUDES FITNESS CENTER; AVAILABLE 24/7)
- Flood Control**, 2801 W. Durango, Phoenix, AZ
(INCLUDES FITNESS CENTER; AVAILABLE 24/7)
- Medical Examiner**, 701 W. Jefferson, Phoenix, AZ
(AVAILABLE ONLY TO EMPLOYEES OF THE MEDICAL EXAMINER, VITAL REGISTRATION, AND CALL CENTER; BUSINESS HOURS VARY)
- Environmental/Air Quality**, 1001 N. Central, Phoenix, AZ
(AVAILABLE ONLY TO EMPLOYEES OF AIR QUALITY/ENVIRONMENTAL/ DURING BUSINESS HOURS ONLY)
- Sheriff's Training Center**, 2627 S. 35th Ave., Phoenix, AZ
(INCLUDES FITNESS CENTER AND OUTDOOR TRACK; AVAILABLE MON-FRI 6:00 AM to 4:00 PM)

- I understand that the Fitness Center(s) are available for use by Maricopa County registered employees only. I understand that the Fitness Center(s) may not be supervised and that there may be no attendants or other County employees on site while I use the facilities. I have executed an Operating Policy Acknowledgment and Release of Liability for Maricopa County Employee Wellness Program as required for use of the Fitness Center(s) and related facilities.

- Check this box if you do NOT want to automatically receive Wellness Works' quarterly newsletters.

Please print name and date this form and return it, along with your Acknowledgment form, by either:

- Emailing to: <mailto:wellness@mail.maricopa.gov>
- Sending interoffice mail (301 W. Jefferson, Suite 3200)
- Clicking on the "Submit" button on the form

Print Name _____ Date _____

Maricopa County Employee Wellness Program Operating Policy Acknowledgment

Welcome! In order to make the Fitness Center(s) a safe and healthy environment for all employees, we ask that you read and adhere to the following operating policy. If you have any questions, please feel free to ask.

1. Use of the facilities is limited to Maricopa County employees **only**. Employee agrees to carry employment verification (i.e., Maricopa County ID badge.)
2. Employee is encouraged to request an orientation, if needed, prior to using the Fitness Center(s).
3. Employee must scan his/her badge to enter the Fitness Center(s). Any employee entering without scanning his/her badge, or allowing others to enter without scanning their badge, will have Fitness Center(s) privileges revoked.
4. During peak hours, the maximum time limit on one piece of cardiovascular equipment is 20 minutes. This applies only if others are waiting to use the equipment.
5. Lockers are for day use only. Employee must supply his/her own lock. All belongings must be removed by employee on a daily basis. Items left in/on lockers for more than 24 hours (including locks) may be removed and discarded.
6. Employee must provide his/her own bath and sweat towels.
7. Appropriate exercise attire is requested required. Shirts and closed toe shoes are required at all times.
8. Employee must wipe down equipment with County supplied disinfectant and paper towels and put it back after use.
9. Employee must leave Fitness Center(s) and locker rooms in the same condition as when first entered; this includes putting magazines away and throwing trash in receptacle.
10. With the exception of water bottles, food and/or drink is not allowed in the Fitness Center(s).
11. Maricopa County and its officers, agents and employees are not responsible for any lost or stolen articles of clothing or other personal items brought to the Fitness Center(s) and/or locker rooms.
12. Employee reports equipment that is not working properly immediately to the Fitness Coordinator.
13. Employee agrees to pay for repairs of equipment damaged by employee's misuse or carelessness. Employee reports all damaged equipment immediately to the Fitness Coordinator.
14. Misuse or abuse of the Fitness Center(s) equipment will cause Fitness Center(s) privileges to be revoked.

Anyone not following this Operating Policy or other posted Fitness Center regulations will have privileges revoked.

Release of Liability

I understand that any exercises, exercise techniques, or exercise equipment that I choose to utilize as part of the Maricopa County Wellness Program are strictly of my own selection and are not chosen in reliance upon any advice or representation of any Maricopa County agent or employee. I am familiar with the equipment that I will use during my visits to the Fitness Center(s)/Group Exercise Studio, and I agree to refrain from using any equipment with which I am not completely familiar. I agree to inspect any equipment that I intend to use prior to using it, to report any perceived malfunction or disrepair and to refrain from using equipment that may be unsafe. I understand that the Fitness Center(s) are available for use by Maricopa County employees 24 hours a day/7 days a week. I understand that the Fitness Center(s) may not be supervised and that there may be no attendants or other County employees on site while I use the facilities, and I agree to the use of such facilities and equipment entirely at my own risk.

I certify that I am capable of engaging in my intended course of exercise in a safe and healthy manner, I fully understand the risks inherent in undertaking a course of physical exercise and acknowledge that it is exclusively my responsibility to seek from my own physician a medical evaluation and clearance before engaging in any physical exercise.

I agree to release, discharge and hold harmless Maricopa County and its officers, employees and agents from any and all claims, injuries, demands, causes of action, judgments, costs and any liability whatsoever in any way related to the use of the Fitness Center(s)/Group Exercise Studio, or from any Maricopa County Employee Wellness Program "Wellness" physical activity classes and events. This release of liability shall apply to any right of action that might accrue to myself, my heirs and personal representatives. I agree to assume all risks inherent in participation in Wellness physical activity classes and events, the use of the Fitness Center(s)/Group Exercise Studio, its facilities and equipment, including the risk of injury caused by malfunctioning or improperly maintained equipment.

I fully understand that my participation in the Maricopa County Employee Wellness Program "Wellness" physical activity classes and events is voluntary and not a requirement of my employment, nor is it included in my job description/assigned duties/ despite any recognition / authorization / encouragement from my supervisor, manager or County Executive Team Member in my voluntary participation in "Wellness" physical activity classes and events during work hours. I acknowledge that any injury, strain or medical issues arising from my participation will not be covered by Workers' Compensation Insurance.

I certify that I have read and understand the contents of this Operating Policy and Release of Liability and will abide by its terms.

Print Name _____ Date _____