



State of Montana Department of Corrections

Voluntary Exercise Disclosure Form Wellness Center Use Agreement

The Department of Corrections recognizes that employee health has a direct impact on employee performance. Supporting wellness activities is in the best interest of Corrections. However, these wellness activities are completely voluntary and Corrections does not require participation by anyone.

My signature below indicates I acknowledge/agree to the following terms and conditions for use of the Wellness Center:

- The Wellness Center may only be used for recreational and fitness purposes, during posted hours.
- The Wellness Center is not to be utilized on work time. Further, the Wellness Center is for my personal benefit and family members and friends are not allowed to enter the building or use the equipment.
- I am physically able to use the equipment and understand the use is unsupervised.
- I understand and assume responsibility for the risks inherent associated with using the equipment, such as but not limited to sustaining bruises, sprains, joint or back injuries, and heart attacks.
- I am responsible for the safe and proper operation of any equipment I use, and for the proper cleaning of that equipment. I am responsible to report any maintenance or repair concerns to the contacts on the posted notices. If I have any questions about proper use, I will contact the equipment manufacturer.
- I must wear appropriate attire including a shirt, mid-length shorts or longer and closed-toe athletic shoes.
- I will keep the noise level in the Wellness Center to a minimum and utilize fans when necessary for proper air movement in the Wellness Center.
- I will abide by all posted notices.

Staff Name (Print)

Staff Signature

Date

Distribution: **Original** – DOC Office of Human Resources **Copy** – Employee