



## Enrollment for Personal Use of Wellness Exercise Room

NAME (Please print) \_\_\_\_\_ DEPT / DIVISION: \_\_\_\_\_

ID BADGE CONTROL NUMBER: \_\_\_\_\_

The Control Number is the first group of five numbers on the back of your access/ID card. For example:  
01234 12345678-1.

Please return form to Wellness/HR or scan/e-mail to [wellness@clackamas.us](mailto:wellness@clackamas.us)

**Objectives:** *Our intentions for the personal use of the wellness exercise room (WER) are:*

- To encourage personal stretching, exercise, and strengthening to improve our health.
- To make use of empty time in the room.

**Fee:** *\$2.00 per month payroll deduction (second pay-period of the month). The purpose of this fee is to:*

- Contribute to the purchase of shared equipment such as dumbbells, mats, or other suggested items.
- To maintain a group of "active" members. For security, we need to know who is actively using the room. People who are paying for it are more likely to use it. Your ID badge will be programmed to access the basement and the WER.

I authorize Payroll to deduct \$2.00 from my wages on the second payroll of each month.

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Employee # \_\_\_\_\_

Department \_\_\_\_\_ Work Phone \_\_\_\_\_

\*Please complete the above to consent and authorize the monthly \$2.00 payroll deduction.

**Cancellation:**

- To discontinue use, e-mail [wellness@clackamas.us](mailto:wellness@clackamas.us) . We will remove your name from the payroll deduction and cancel your badge access. The deduction may still occur in the month that you cancel, depending upon the timing of payroll.

**Guidelines:** *The following guidelines are to help us all contribute to a shared space where we can exercise peacefully:*

- The room may only be used during business hours when it is not in use by scheduled classes, cleaning, or reserved for a special purpose (such as Juvenile safety procedures training). Check the County DSB scheduling calendar and the calendar that is posted on the room door.
- No food or drink, except for water.
- Make sure your shoes are clean, or take off your shoes when using the room
- Use earphones when others are present, so your music does not distract others.
- Temperature: We prefer that the fan stays on auto so that there is ventilation in the room.
- No floor exercise equipment may be brought to this room that cannot be removed at the end of your visit. The primary purpose and use of this room is for exercise classes, which require full use of the empty floor space. The exception is the existing chairs in the room that are used for Stretch n' Flex class.
- You may leave small equipment such as mats or dumbbells in the closet if there is space. In leaving them, you agree to let them be borrowed by others for use only in the WER. Clackamas County and the Wellness Program have no responsibility for the use, loss or damage of your equipment. We may remove equipment that appears old, ragged, rusted, or un-used.
- Be respectful and supportive of others to create a safe space.

**Contact:** *Thanks for helping to take care of the room! Please share ideas or issues with us:*

- Wellness 503.655.8550 Option 3-1

My signature below indicates that I agree to the guidelines and waiver of liability. Participation in this program is a recreational activity offered by Clackamas County primarily for the personal benefit of Clackamas County employees. Participation in this program is not necessary to fulfill the duties of your employment. It is an entirely voluntary activity. Employees who choose to participate in this program do so at their own risk. Employees who participate must sign a waiver of liability releasing Clackamas County for any injuries arising from this program. Employees are advised to consult with their health care provider before participating in any physical activity. Consult your health care provider if you experience any pain or discomfort that concerns you. Pain is a warning signal that something may be wrong.

## **RELEASE:**

The undersigned employee agrees to indemnify, save harmless and defend Clackamas County, its officers, commissioners, employees, agents, and independent contractors, from and against all claims and actions arising out of or based upon damage, injuries, death or illness from personal use of the Wellness Exercise Room (WER), or walking in the basement. The undersigned employee acknowledges they are voluntarily using the room or basement for their own stretching, exercising, walking, etc. This time is on an employee's break or lunch and is not paid time.

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Employee Signature

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Date