



## Independence School District Wellness Center Wellness Center Orientation and User Agreement

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Participant – Check One:**

Employee ID#: \_\_\_\_\_

Spouse of Employee:

- Name of Employee: \_\_\_\_\_
- Employee ID#: \_\_\_\_\_

Retiree:

Spouse of Retiree:

- Name of Retiree: \_\_\_\_\_

### -User Agreement-

Independence School District has a Wellness Center located at Central Office, Independence MO. The use of this Wellness Center is a privilege available to all Independence School District employees and certain guests. Use of the Wellness Center is purely voluntary and is not a condition of employment nor is it within the scope of employment. The goal is to provide a whole body approach to fitness, including use of an aerobic activity area, strength training machines, free weights and a walking path located outside Central Office.

A signature on this document indicates the Participant’s willingness to help maintain the Wellness Center to be clean, healthy, and safe. In addition, it confirms that the Participant will abide by all Wellness Center Policies and Rules and treat all users of the Wellness Center with the proper respect in order to maintain the privileges of using the Wellness Center.

The Participant gives his/her consent to the Independence School District to use his/her name, picture, likeness, writings, opinions, beliefs, biographical information, audio tape and/or video tape recordings, sound or silent motion pictures in any medium and any other information or data provided to the Independence School District for research, editorial, educational, promotional and advertising purposes, and/or for any other purpose in furtherance of the purposes and objectives of the Independence School District.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**New Member Orientation:** I provided an orientation to the above named Participant regarding the proper use and care of the Wellness Center and equipment. The Participant has received the Wellness Center Policies and Rules and agrees to abide by them. This Participant has also reviewed and signed the Wellness Center Agreement and Release of Liability form.

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_