Kaiser Foundation Health Plan, Inc.

**Employee Activity Participation Application and Waiver**

The undersigned requests permission to utilize the exercise equipment in the South Sacramento Employee Gym located in the Dan B. Moore Building and sponsored by Kaiser Foundation Health Plan, Inc. I understand that my utilization of this equipment or any employee recreation program(s) sponsored by Kaiser Foundation Hospitals, The Permanente Medical Group, and/or Kaiser Foundation Health Plan is entirely voluntary, and that such participation is not a condition of my employment nor a part of my work-related duties. I further agree:

1. That my physical condition is such that I am able to participate in a program of exercise, and that in the case of my suspected physical abnormalities or any unusual physical conditions or developments, I will contact my physician and have them diagnosed or treated, as appropriate;

2. I assume all risk of harm to my person and property while using the exercise equipment located in the Dan B. Moore building, and release Kaiser Foundation Health Plan, Inc.; Kaiser Foundation Hospitals; and The Permanente Medical Group, Inc., their officers, directors, agents, and employees from any liability related thereto;

3. I agree to defend, indemnify, and save the Kaiser Foundation Health Plan, Inc.; Kaiser Foundation Hospitals; The Permanente Medical Group, Inc., their officers, agents, and employees harmless from and against all claims, demands, actions and liabilities, and all costs and expenses incurred in connection therewith, for injury to or death of persons or damage to or loss of property arising out of or in any way connected with my use of the facilities or while occupying Kaiser Permanente space for non-work related recreational programs.

4. As an employee of Kaiser Permanente, I agree that gym use is strictly for the undersigned and at no time will access be granted to family, children, co-workers or friends.

5. I agree to comply with all Kaiser Permanente policies and procedures regarding the use of this exercise equipment and physical space, and I understand that permission to use this area may be withdrawn for failure to comply with these policies and procedures.

**PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION: FORM MUST BE COMPLETE TO BE ACCEPTED. PLEASE PRINT!!**

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \* Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For locker room access 🠚 Male: \_\_\_\_ Female: \_\_\_\_ Access Card number (all digits)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please scan and email completed form to Employee-Wellness-SSC@KP.Org.**

**All employees MUST complete this waiver for participation in the employee gym.**