

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA  
RISK MANAGEMENT  
1960 LANDINGS BOULEVARD  
SARASOTA, FL 34231  
PHONE (941) 924-9000 ext. 31363

**WELLNESS CENTER AGREEMENT**

**Instructions:** Send completed forms to Risk Management, Attention: Wellness Coordinator.

I understand and agree to the following terms and conditions for the Sarasota County Schools Wellness Center at the Landings:

1. I understand that my use of the Wellness Center is voluntary.
2. I will use the Wellness Center at my own risk and accept full responsibility for my participation.
3. I understand it is recommended that I consult with my physician before starting any exercise program.
4. I understand the activities and equipment in the Wellness Center may involve certain risks and exposure to personal injury, and I voluntarily assume those risks.
5. I agree not to move exercise equipment or use the equipment in any manner not authorized by The School Board of Sarasota County, Florida.
6. I understand that all equipment shall be wiped down after each use with the supplies provided in the Wellness Center.
7. I understand that the Wellness Center is for my use only. I will not give access to another individual or misuse the district equipment and property.
8. I understand children are not allowed access to the Wellness Center.
9. I must complete an orientation class before I will have access to the Wellness Center.
10. I agree I will use the Wellness Center during my personal off duty time and that my activities in the Wellness Center are outside the course and scope of my regular employment with The School Board of Sarasota County, Florida.
11. In consideration for being permitted to use the Wellness Center, I agree to release and hold harmless The School Board of Sarasota County, Florida, its employees, and agents from liability for all claims, including but not limited to, claims caused by the negligence of the School Board and/or its employees and agents, judgements, costs or other expenses, including attorney fees, arising out of bodily injury or property damage resulting in any way from the use of any district fitness equipment and/or facility.

I fully understand that using various types of fitness equipment, participating in fitness classes, or implementing a self-directed fitness regimen may be hazardous and poses a risk of injury including, but not limited to, sprains, strains, contusions, abrasions, broken bones, lacerations, stroke, heart attack, and in extreme cases, paralysis or death. I also understand that The School Board of Sarasota, Florida, makes no representation on warranty regarding the appropriateness or condition of the fitness equipment.

The School Board of Sarasota County, Florida, reserves the right to enforce these provisions immediately and to terminate this agreement for any reason including noncompliance.

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Employee Name (Print)	Employee Signature	Date
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Employee ID No. (A#)	Work Phone Number	E-mail Address
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