



U.S. Geological Survey

Figure 1  
Part 370.792.4

**ANNUAL WAIVER AND CONSENT FORM**

I assume membership in the U.S. Geological Survey (USGS) Physical Fitness Program at my own risk. I, for myself, my heirs, executors, and administrators, waive and release any and all claims and rights for damages I may have or hereafter may accrue against the USGS related to my participation. I agree to consult my physician prior to my participation.

I am voluntarily entering into a fitness program in an attempt to improve my physical fitness. I understand that physical fitness activities are designed to place a gradually increasing workload on my circulation and cardiovascular system and thereby attempt to improve its function. The reaction of the cardiovascular system to such activities cannot be predicted with complete accuracy. There is a risk of certain changes occurring during or following the exercise. These changes include abnormality of blood pressure or heart rate, ineffective heart function, and possibly, in some instances may result in a “heart attack” or “cardiac arrest”.

I realize and accept responsibility for the necessity to report promptly to a qualified medical doctor any signs or symptoms indicating any abnormality or distress.

I understand that I am solely responsible to ensure my physical ability to take part in physical exercise activities prior to participating in this program.

I understand that I am not covered under the Workers’ Compensation program for injuries or medical conditions that result from my participation in the USGS Physical Fitness Program at an off-site fitness provider. My coverage while participating in an on-site facility, to include showers and locker room facilities, will be determined on a case-by-case basis in accordance with appropriate laws, rules, and regulations.

I understand that in the case of an off-site fitness facility, the USGS has either paid a lump sum payment to reduce my payment to the facility, or will reimburse me for a portion of my membership fee. I further understand that all other fees due to the fitness facility are my responsibility, and I agree to pay those fees in a timely manner and in accordance with the requirements of the fitness facility contract.

I have read the above conditions and accept them by my signature below.

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**(Original to approving official; copy to employee)**