

EMPLOYEE HEALTH and BENEFITS

Sarasota County Government Fitness Center Membership Agreement For Spouse of a County Employee

As I become a member of the Sarasota County Government Fitness Center, I understand and agree to the following:

1. All members use the fitness center at their own risk and accept full responsibility for their participation.
2. I understand that the activities & equipment in the fitness center may involve certain risks and exposure to personal injury, which risks and exposure I voluntarily assume by becoming a member of the fitness center, I also understand that an orientation to the equipment is available at my request. I hereby release in full and forever discharge Sarasota County Government, its directors, agents and employees, whether acting officially or otherwise, on behalf of myself, my heirs, executors, administrators and personal representatives from any and all claims, demands, or activities while on the fitness center premises which may result in my death, injury to me or loss or damage to my property of any sort whatsoever.
3. Under no circumstances shall a member move exercise equipment or use the equipment in any manner not authorized by The Employee Health & Benefits team/staff.
4. I understand that **all equipment shall be wiped down** with the supplies provided after each use.
5. I understand that this membership is only for me. I will **not** give access to another individual or misuse the equipment or County property **or my spouse & I will lose our memberships.**
6. I will wear my ID badge at all times when using the fitness facility.
7. In consideration of the use of the Fitness Center, I hereby understand members are to conduct themselves in a quiet, well-mannered fashion so as not to cause any disturbance, which may interfere with the use and enjoyment of the facility by other members.
8. The County reserves the right to lock-down the facility temporarily for special circumstances/situations.
9. **As a County employee I take full responsibility for any & all actions of my legal spouse while at the fitness facility and by signing below I recognize this responsibility and I also understand it is my responsibility to notify the Employee Health & Benefits staff if my marital status or spouse were to change.**
10. **Under no circumstances are children of a County employee allowed access to the fitness facility.**
11. **I understand that spouse access is granted for only the following 3 locations:**
 - **1660 Ringling Blvd; 5th floor**
 - **1301 Cattlemen Road; entrance facing Cattlemen Road**
 - **Englewood Sports Complex; side entrance**

Any violation of these provisions by the member could cause injury to the member or other persons. The Employee Health & Benefits team reserves the right to enforce these provisions immediately and to terminate this agreement for any noncompliance. The Employee Health & Benefits team also reserves the right to rescind any or all fitness center privileges deemed appropriate by Sarasota County Government, its directors, agents or employees.

Printed Spouse Name (**Spouse** of Employee) Spouse Signature Date Telephone

Employee Name Employee Signature Date

Employee's Interoffice Mailing Address Employee's Work Telephone Employee's E-mail

Employee Card Number Spouse Card Number

Please submit application in person to:
Human Resources, Sarasota County Government
1660 Ringling Blvd, 1st Floor Sarasota, FL 34236
Questions : AskHR@scgov.net
T. 941-861-5353