

DEPARTMENT OF HOMELAND SECURITY
U.S. COAST GUARD

U.S. COAST GUARD EMPLOYEE HEALTH AND FITNESS PROGRAM

EXERCISE CONSENT AND RELEASE FORM

I certify that I am physically able to participate in any type of regular fitness activities. Activities available at the USCG Fitness Center include: supervised exercise classes (aerobic, strength and flexibility training), non- structured cycling, rowing; universal gym and free weight training, walking and/or jogging. I have a reasonable basis for this opinion due to examination and/or consultation with my physician.

I also certify that I will use good judgment while exercising and will not over exert. If I have any questions regarding my workout, I will consult the Fitness Center staff; if I have any questions regarding my health, I will consult my physician. I recognize that I am responsible for knowledge of my own state of health, and I will advise the Fitness Center staff of any health problems related to exercising.

RELEASE

In consideration of my usage of the Department of Transportation Employee Fitness Center, I, intending to be legally bound for myself, my heirs, executors, and administrators, do hereby release and discharge the U.S. Coast Guard and the United States Government, any and all sponsors, jointly and severally, from any and all liability for illness, injuries and damages I may incur and/or suffer arising out of or resulting from my participation in exercise classes and/or usage. I hereby represent and certify that I am over eighteen years of age and that I have carefully read the forgoing Release and know and understand the contents thereof, and that I sign it of my own free will.

This is a RELEASE --- READ BEFORE SIGNING

NOTE: Contractors, Dependents and Non-Federal Employees are not eligible to use the USCG Semper Paratus Employee Fitness Center.

Print Name

Signature of Employee

Date

Agency / USCG Administration

Telephone Number

