

City of Murray



PERSONAL FIT – CENTER FOR HEALTH AND WELLNESS

Personal Fit Fitness Facility Membership Reimbursement Form (Employee and Dependent)

Name: _____
(Print)

Department: _____

I wish to participate in the Personal Fit / Center for Health and Wellness Fitness Facility membership reimbursement program that is being offered to participants of the voluntary wellness program of the City of Murray. I understand that the reimbursement program is for monthly membership fees only, does not include enrollment or any other additional fees, is for employees and their eligible dependents only, and will reimburse a maximum of \$120.00 per month as long as each participant meets the minimum requirement of ten (10) visits per month at the Center for Health and Wellness, participates in two (2) personal training sessions, and one (1) nutritional consultation. If any eligible participant fails to meet the minimum requirement of ten (10) visits per month at the Center for Health and Wellness, two (2) personal training sessions, and one (1) nutritional consultation, their monthly fees will not be received on the reimbursement check. I also understand that Personal Fit reimbursement may not be combined with gym fee or Weight Watchers reimbursements. After six (6) months, I will need to complete paperwork for basic gym membership and reimbursement.

I understand that with any physical activity, there are risks, including increased heart stress and the chance of musculoskeletal injuries. In volunteering to participate in this physical activity, I agree that, to my knowledge, I have no limiting physical conditions or disability that would preclude the physical activity.

A physician's examination is recommended for all participants with any exercise restrictions, including any heart problems, high blood pressure, chest pain, dizziness, relevant surgeries, diabetes, asthma, epilepsy, arthritis, or significant injury to any part of the body. By signing below, I accept full responsibility for my own health and well-being and I acknowledge an understanding that no responsibility is assumed by the City of Murray or its employees, authorized agents or assignees.

The City of Murray and its employees, authorized agents or assignees are released from any liability now or in the future for conditions that may result from participation in any City recreational activities including but not limited to: heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat exhaustion, injuries to the knees, injuries to the back, injuries to the feet, any complicated preexisting condition whether known or unknown, or any other illness or soreness that may occur, including death. I hereby indemnify, hold harmless, and forever discharge the City of Murray from all claims, demands, and causes of injury that may occur.

I hereby affirm that I have read and fully understand the above statements.

Employee participant signature

Date

Dependent participant signature

Date

Name of facility: Personal Fit (Center for Health and Wellness)

Employee Monthly Membership Fee \$64.00

Dependent Monthly membership fee: \$64.00

Note: Receipt showing monthly fee must be attached.

By signing above, I authorize the release of my monthly Personal Fit/Center for Health and Wellness facility attendance records to the City of Murray and I understand that I am responsible to provide the verification of my monthly personal training sessions and the nutritional consultation to the Human Resources Department