



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)

Physical Fitness Program Taxable Reimbursement

Adjustment for Cost for an Individual Membership When Having a Family Membership

_____ (employee) has had a family or individual membership costing
\$_____.____ per _____ at _____ (Facility).

The cost of an individual membership is \$_____.____ per _____ (fill in only if having
a family membership).

Payments made for ___/___/20___ to ___/___/20___ are equivalent to a total of \$_____.____
for an individual membership.

(Authorized Signature for Facility) (Date)

(Fitness Program Coordinator) (Date)

Taxable Reimbursement Request
Attachment 3

MEMORANDUM

To: Payroll Operations Division

Attn: _____

From: _____
(Name of Timekeeper)

(Organizational Location)
Department of the Interior, U.S. Geological Survey

Subject: Report of Taxable Income
Fitness/Wellness Subsidy

Employee Name: _____

Social Security Number: _____

Period Covered: _____

Taxable Income to be Reported for Tax Year: _____

<u>Pay Code</u>	<u>Amount</u>	<u>Cost Account Number</u>
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EFB	\$ _____	_____
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Authorized By: _____

Date: _____

Telephone Number: _____

I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me. Receipts are attached.

Employee's signature and date

NOTE: Original to Payroll Operations Division. Copy with receipts maintained in originating office.