



“Health Happens” Wellness Center

Employee Registration and Key Card Access Form

Name: _____ Employee ID#: _____

Phone Number: (____)____-____ Email Address: _____

What entity do you work for? (please select one)

BCC Department _____ Job Title _____

Clerk of Courts

MCSO

Marion County Tax Collector

Marion County Property Appraiser

Marion County Supervisor of Elections

Do you currently have an Employee access keycard? Yes No

If yes, please list the first 5 digits on the keycard: + _____

Do you currently have a Family access keycard? Yes No

If yes, is this a request for a replacement card (damaged, lost or stolen)? Yes No

If no, would you like a family access card? Yes No

If yes, please complete the information below. (Please remember that dependents are only eligible if they are ages 14 through 30. Dependents 14 through 17 must be accompanied by the employee or spouse to access the facility.)

Spouse Name _____ Spouse DOB ____/____/____

Dependent Name _____ Dependent DOB ____/____/____

Dependent Name _____ Dependent DOB ____/____/____

Dependent Name _____ Dependent DOB ____/____/____

Dependent Name _____ Dependent DOB ____/____/____

Dependent Name _____ Dependent DOB ____/____/____

Employee Signature: _____ Date: _____

**MARION COUNTY BOARD OF COUNTY COMMISSIONERS
LIABILITY AND MEDICAL RELEASE FORM
FOR VOLUNTARY PHYSICAL FITNESS ACTIVITIES**

This instrument is a complete **Waiver** and **Release** of any and all claims you may have against the Marion County Board of County Commissioners (here after referred to as “**MCBCC**”) if you are injured while participating in Physical Fitness activities which are voluntary and outside of the course and scope of your employment. ***Please do not sign this instrument until you have read it in its entirety, understand it and agree to its terms.***

I hereby expressly consent to my voluntary participation in physical fitness activities, designated or located at Marion County Board of County Commissioners facilities. I fully understand that MCBCC may only furnish the necessary space and/or equipment for my use, and it is my responsibility to properly, educate, condition, and prepare myself. I also acknowledge that such participation will necessarily involve activities that may be physically demanding, and will subject the participant to stress, anxiety, and possible hazards. I further understand, and agree, that I may injure myself physically if I exceeded the limits that my body is capable of accepting, executing, performing or responding to. I voluntarily agreed to expressly assume such risk, which may result from participating in this activity, or in any way related to my participation in the activity.

In consideration of the ability to use the facility, I do hereby, for myself, my heirs, executors and assigns, expressly waive, release, discharge, and hold harmless from any judgments, cost, interest, penalties, expenses, or causes of action that I may have, known or unknown, including but not limited to attorneys fees, and court cost, MCBCC, and it’s trustees employees, faculty, staff agents, and all individuals assisting with the activity for injury, or death caused by, or resulting from my participation in the activity, or in any way, connected with my participation in the activity, whether such death was caused by the alleged negligence of the MCBCC, another participant, or any other person or cause. I further agree to defend and indemnify the MCBCC for loss or damage, including any that result from claims or lawsuits for personal injury, death, or personal property damage, relating to the activity or use of the MCBCC facilities or equipment. This agreement will apply for each, and every day I engage in the activity without requiring me to sign an additional form for each day or activity.

This agreement is governed by the laws of the State of Florida, and exclusive jurisdiction shall be in the Circuit Court of Marion County, Florida, if any part of the agreement is determined to be unenforceable, all other parts shall be given full force and effect. The undersigned, (individual, parent or guardian) acknowledges that she/he is signing this agreement on behalf of (themselves, or a minor), and that the (individual or minor) shall be by the terms of the agreement. This agreement shall be binding in the participants, assign, subrogors, heirs, next of kin, executors, and personal representatives.

I HAVE READ AND UNDERSTOOD THE STANDARD OPERATING PROCEDURES AND THIS RELEASE OF LIABILITY AGREEMENT. I VOLUNTARILY AGREE TO THEIR TERMS.

Participant Name _____ Signature: _____ Date: _____

In the Event of an Emergency, please contact: (please print) Name & Phone Number:
