



**Renville**  
 COUNTY  
 Service · Stewardship · Shared Responsibility



**Waiver & Release for  
 Renville County  
 Wellness Sponsored  
 Exercise Equipment**

I, \_\_\_\_\_, am voluntarily participating in utilization of  
 (Employee Name)

exercise equipment, including but not limited to, free weights, stationary bike, and treadmill, sponsored by Renville County and its Wellness Committee.

I agree that participation is a privilege, not a right. I acknowledge that my participation is purely voluntary and is in no way mandated by Renville County.

In consideration of my participation in these recreational (exercise) activities, I hereby release Renville County and its agents from any claims, demands, and causes of action as a result of my voluntary participation and enrollment.

I recognize that some of the activities may involve strenuous physical activity including, but not limited to, muscle strength and endurance training, cardiovascular conditioning and training, and other various fitness activities. I understand that it is my responsibility to consult with my primary care physician to determine that I am healthy enough to undertake an exercise program.

I fully understand that if I may injure myself as a result of my participation in these activities, I hereby release Renville County and its agents from any liability now or in the future for conditions that I may obtain. These conditions may include, but are not limited to, heart attacks, strokes, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, injuries to knees or other joints of the body, injuries to back, injuries to a foot, heat prostration, or any other illness or soreness that I may incur, including death.

I understand and agree that utilization of the Renville County Wellness exercise equipment is a completely voluntary recreational activity and is taking place over my own break time on Renville County's premises. I understand that I am not required to participate in the use of the equipment, and that any injury occurring during or as a result of the activity will not be covered by Renville County's workers' compensation coverage.

I have no medical condition that precludes participation in the recreational use of said equipment.

Furthermore, I understand that it is my sole responsibility to know or learn how to operate the equipment before use.

\_\_\_\_\_  
 (Signature of Employee)

\_\_\_\_\_  
 (Date)

*If you have any questions regarding this release or the terms of this release, please contact [employment@renvillecountymn.gov](mailto:employment@renvillecountymn.gov) immediately and **do not** participate in any recreational (exercise) activities sponsored by Renville County and its Wellness Committee.*