

Staff Use Only

Name: \_\_\_\_\_ Date: \_\_\_\_\_

New / Renewal

# Fedstrive

Health and Wellness Center (HHH-HWC)

## Hours of Operation

Monday – Friday: 5:00 am – 9:00 pm

Phone: 202-690-8029

[http://foh.dhhs.gov/public/WFsites/HHH\\_DC.html](http://foh.dhhs.gov/public/WFsites/HHH_DC.html)





## FEDERAL OCCUPATIONAL HEALTH

Improving the health, safety, and productivity of our Federal employees.



# FOH Client Rights and Responsibilities Doctrine

### **CLIENTS HAVE THE RIGHT TO:**

Receive services in a safe and secure environment and are professional, non-discriminatory, considerate, timely, and respectful of cultural values and personal beliefs

Be treated with dignity, courtesy, and respect

Receive services in a safe setting, free from all forms of abuse, neglect, or exploitation

Expect that their right to personal privacy and the privacy of their information be protected by all FOH staff

Withdraw from voluntary FOH programs and services at any time

Receive complete and current information in a manner that is clear and understandable

Obtain access to their medical records, request changes, and receive information on disclosures of their health information

Obtain information about FOH, the services it provides, staff who provide these services (including professional qualifications), and any contractual relationships involved in providing these services

Participate in decisions about the services they receive

Appropriate assessment and management of pain, which may include information about pain relief measures, within the scope of services provided by FOH

Grant or withhold informed consent

File complaints or recommendations about FOH, the services provided, and/or the staff who provided services by emailing [compliments-complaints@foh.hhs.gov](mailto:compliments-complaints@foh.hhs.gov)

### **CLIENTS ARE RESPONSIBLE FOR:**

Providing FOH and its health care providers with accurate and complete information related to their health as well as changes to their health status when requested

Respecting FOH policies and staff

Presenting identification as may be requested by FOH staff before receiving services

Asking questions or acknowledging if further clarification is needed

Informing FOH staff if they are unable to keep appointments or attend activities for which they have been registered or enrolled

Following their employer's policies regarding occupational health services provided by FOH





**NO SCREENING  
ASSUMPTION OF RISK FORM**

I have been offered the opportunity to participate in a health screening process to assist in detecting conditions or diseases which would place me at increased risk for injury during exercise. I have also been informed that it is recommended that all persons starting an exercise program should see their physician for clearance. ***I have chosen NOT to participate in any screening or medical clearance at this time and I knowingly assume the risks of injury due to participation in the fitness and exercise program, including but not limited to fainting, irregular heartbeats, heart attack and even death*** \_\_\_\_\_ Initial

I also understand that without this information, the fitness center staff is unable to assist in developing a safe and appropriate exercise program for me. I understand that if I desire a personalized workout program in the future, I will be required to provide additional medical screening information.

I also recognize that there are many other risks of injury, including serious disabling injuries that may arise from my participation in this activity and that it is not possible to specifically list every one. I have had an opportunity to ask questions and any questions I have asked have been answered to my complete satisfaction. I understand and expressly assume these risks as stated and voluntarily choose to participate in this activity.

I also understand that this "Assumption of Risk" form will remain valid only as long as I am an active member of the center. I will be considered inactive if I fail to use the facility less than twelve (12) times within any six month period. Should I become inactive, I understand that I will need to sign a new Assumption of Risk upon my return to the FedStrive Health and Wellness Center (HHH-HWC)  
(Fitness Center Name)

Member Name (printed)	Signature	Date
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**FOR STAFF USE ONLY**

	Checked	Initials
I. Exercise risks were orally discussed.	_____	_____
II. Questions were asked, and the participant indicated complete understanding of the risks.	_____	_____
III. Questions were not asked, but an opportunity to ask questions was provided and the participant indicated complete understanding of the risks.	_____	_____

FOH Staff Name (printed)	Signature	Date
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**FEDSTRIVE HEALTH AND WELLNESS CENTER (HHH-HWC)**  
**WAIVER AND RELEASE OF LIABILITY**

Undersigned members of the FedStrive Health and Wellness Center ("Member") represents and warrants to the Department of Health and Human Services ("DHHS") and Federal Occupational Health ("FOH") that Member is in adequate physical condition and has no medical infirmity or impairment that could prevent Member from safely using the Health and Wellness Center ("HWC") facilities. Member agrees to consult with a health care professional regarding any health or medical concerns prior to using the HWC facilities.

Member voluntarily assumes all risks of personal injury or property damage sustained by Member and arising out of or in connection with Member's use of HWC facilities, equipment, services, or programs. Member waives any and all claims or actions that Member may have against HWC, the DHHS and any employees or contractors of the DHHS, any other employing HWC entity, and officer or employee of the DHHS, and FOH for any personal injury or property damage sustained by Member and arising out of or in connection with Member's use of HWC facilities, equipment, services, or programs including, but not limited to, personal injury or property damage arising from (i) Member's use of weights, machinery, equipment, or other apparatuses designed for exercising, whether supervised or unsupervised, and (ii) Member's participation in exercise programs or activities, whether supervised or unsupervised.

Member agrees and acknowledges that HWC, FOH, the DHHS, other employing HWC entities, and all contractors and employees of the DHHS shall not be liable to Member for any claims, demands, or causes of action for personal injury or property damage sustained by Member and arising out of or in connection with Member's use of HWC facilities, equipment, services, or programs.

Member hereby holds HWC, FOH, the DHHS, all other employing HWC entities, and all contractors and employees of the DHHS harmless from any and all claims, demands, or causes of action which may be brought against them by Member or on Member's behalf for any personal injury or property damage arising out of or in connection with Member's use of HWC facilities, equipment, services, or programs.

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Member

## FEDSTRIVE HEALTH AND WELLNESS CENTER (HHH-HWC) MEMBER COURTESIES, RULES, AND RESPONSIBILITIES

- Must be a full-time, permanent HHS Federal employee of the Southwest Complex (Humphrey, Switzer, Cohen Patriot's Plaza or 409 3<sup>rd</sup> St. buildings) to be eligible for Free HWC membership.
- Participants who wish to have their membership fee waived must show proof of compliance with the FedStrive Federal employee wellness program requirements.
- The FedStrive program and the HWC cannot be held responsible for lost, stolen, or damaged personal property. Lockers are to be used at a member's own risk.
- Lockers inside the FedStrive HWC are for use during workouts only; personal items may not be stored at any other time. If day-use lockers are not emptied by closing time each day, fitness center staff will remove locks and all items in the lockers and keep items for ten (10) days. Any unclaimed items will be donated. The HWC staff is not responsible for locks or items removed during this procedure.
- *Lockers outside the Wellness Center are designated by assignment only.* Any locks on unassigned lockers will be cut and locker contents will be removed. HWC staff will maintain these items for ten (10) days and then any unclaimed items will be donated. The HWC staff is not responsible for locks or items removed during this procedure.
- *The HWC is not responsible for unclaimed items.* As a courtesy to our members, lost and found items will be held for ten (10) days and then any unclaimed items will be donated.
- All participants are **required** to wipe down the equipment after each use. This includes the floor area surrounding the equipment. It's highly recommended to wash gym attire frequently to prevent bacteria transmission and odors.
- Shirts, shoes and modest fitness attire must be worn at all times in the fitness area. Sandals, open toed and street shoes are not permitted. In addition, any attire or clothing that is deemed to be potentially destructive to the exercise equipment will not permitted (i.e. clothing with metal snaps, protruding metal components, etc.).
- No guests are permitted.
- Covered plastic containers are the only acceptable beverage containers permitted in the HWC. No glass containers are permitted.
- Use sign-up sheets when any cardiovascular equipment is not available. When others are waiting to use equipment, limit use of equipment to 20 minutes.
- Members may not reserve any piece of exercise equipment or locker room accommodation prior to use.
- Allow others to "work-in" on strength training equipment when performing multiple sets. If another member is using strength equipment, please let them know you want to "work in."
- Replace all equipment to its proper storage area. This includes dumbbells, barbells, plates, yoga mats, balls, tubing and other items.
- For the safety of other members and your personal items, gym bags may not be carried around the fitness floor.

*I have read, understand and agree to the terms of this Membership Agreement.*

Print Name: \_\_\_\_\_

Agency/Division: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

