

National Weather Service
Health Club and Wellness Services Fees Reimbursement Program
Application Form
FORM A

I wish to participate in the National Weather Service Health Club and Wellness Services Fees Reimbursement Program. I have read and understand the document titled National Weather Service Health Club and Wellness Services Fees Reimbursement Program and will follow the guidelines contained therein.

I understand there are inherent risks whenever one engages in physical activity. I therefore accept all responsibility and assume the risk of injury or damage to my person that may arise, whether directly or indirectly, because of my participation in my fitness program.

I hereby release and hold harmless from any liability associated with the National Weather Service Health Club and Wellness Services Fees Reimbursement Program whatsoever the National Weather Service, National Oceanic and Atmospheric Administration, and the Department of Commerce, as well as its supervisors and representatives. I have been advised a medical examination is recommended prior to engaging in a fitness program and I am financially responsible for said medical examination.

I certify that I have read the document titled the National Weather Service Health Club and Wellness Services Fees Reimbursement Program, associated Frequently Asked Questions, this application form and understand their contents.

Employee Name (print):

Employee Signature:

Date:

Supervisor Name (print):

Supervisor Signature:

Date: