



*National Weather Service  
Employees Organization*

**FORM A**

**National Weather Service  
Health Club and Wellness Services Fee Reimbursement Program  
Application Form**

**Informed Consent Waiver:**

I wish to participate in the National Weather Service Health Club and Wellness Services Fee Reimbursement Program. I agree to abide by the National Weather Service policy.

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, as a result 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 Fee 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 and understand the National Weather Service Health Club and Wellness Services Fee Reimbursement Program Policy and this application form.

Employee Name (Print): \_\_\_\_\_

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

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

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

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