



**Wellness Centers
Rules & Regulations
Contact: (352) 334-5037 ext. 8542**

Purpose

The City's Wellness Centers aspire to improve the fitness/wellness of employees, spouses and retirees (**only**), as well as decrease the number of worksite injuries and increase overall morale.

All employees, spouses and retirees shall abide by the following:

1. **All employees, spouses, and retirees must be cleared by the Wellness Staff in Risk Management before accessing the Wellness Centers.**
2. It is recommended that you consult your physician before engaging in a fitness program. However, physician clearance may be **required**, prior to accessing the Wellness Centers.
3. The Wellness Centers are **only available** to COG/GRU employees, their spouses, and retirees.
4. You **must** scan **your own** COG/GRU issued access card prior to accessing well center.
5. Shirts and athletic shoes **must** be worn at all times.
6. Please clean equipment with provided Sani-Wipes after use.
7. Re-rack weights and equipment when you are finished.
8. When using free weights over the head or chest, a spotter **must** be present.
9. **NO** smoking, chewing, or dipping tobacco in the Wellness Centers.
10. COG/GRU is NOT responsible for loss of personal belongings.
11. Please report suspicious behavior, broken equipment or request for exercise workshops to Rod Clark, clarksj@cityofgainesville.org / 352-334-5000 ext. 8542.
12. The Wellness Centers are City of Gainesville facilities; therefore, policy number 19 (Code of Conduct and Minimum Disciplinary Actions) or the City of Gainesville Personnel Policies and Procedures apply in the facility at all times (24 hrs a day – 7 days a week). Violations can result in disciplinary action as dictated in the Code of Conduct.
13. Call 911 for emergencies.



Wellness Participant Agreement

I hereby agree that if I should violate any of the above stated rules and regulations governing the use and care of the City of Gainesville/GRU Wellness Centers, my privileges to the facility will be either temporarily or permanently revoked.

Furthermore, I agree to abide by all future policies adopted by the Wellness Centers.

I promise to communicate any changes in personal health information to the Wellness Staff.

Participant

Date

Wellness Staff

Date