

Indian Affairs
Fitness Membership Fee Reimbursement Program Application Form

I wish to participate in the Indian Affairs Fitness Membership Fee Reimbursement Program. I agree to abide by the Indian Affairs rules and regulations, including the Fitness Membership Fee Reimbursement Policy, and understand that violation of the rules or policy will result in withdrawal of the taxable reimbursement available to me.

I realize that there are dangers wherever one is engaged in physical activity. I 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 whatsoever the Bureau of Indian Affairs, the Bureau of Indian Education, the Assistant Secretary – Indian Affairs, or the Department of the Interior, as well as its supervisors and representatives. I have been advised that a medical examination is recommended prior to engaging in a fitness program and that I am financially responsible for that medical examination.

I certify that I have read the contents of this Waiver and Consent Form; that I understand its contents; and that I agree to the above terms and conditions.

Employee Name (PRINT): _____

Signature: _____ **Date:** _____

Supervisor's Signature: _____ **Date:** _____