

**TEXAS FACILITIES COMMISSION
WAIVER OF LIABILITY FORM
FOR
WELLNESS AREAS**

INSTRUCTIONS: To request access to the Wellness Areas listed below, email this completed and signed waiver from your state email address to Tfaccess.Bushbldg@tfc.texas.gov. You will receive a response email when your access has been granted. All approved requesters will be given access to the Wellness Areas in Jordan Building. Bush Building occupants will additionally be given access to the Wellness Areas in Bush Building. Please allow two business days for processing. If you have any questions, please email the address listed above or reach out to a [TFC Property Manager](#).

The undersigned desires to access certain facilities and equipment provided by the Texas Facilities Commission for the purpose of personal physical activity.

Facilities:

Barbara Jordan State Office Building 1601 Congress Avenue Austin, Texas 78701	Wellness Areas, Rooms 1.004 and 1.005 Locker Rooms and Restrooms, Rooms 1.012 and 1.013
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George H. W. Bush State Office Building 1801 Congress Avenue Austin, Texas 78701	Wellness Areas, Rooms 6.303 and 6.305 Locker Rooms and Restrooms, Rooms 6.301 and 6.302
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In consideration for being permitted to use the Facilities and any exercise equipment located there, the undersigned acknowledges and agrees that:

1. I understand that there is a risk of injury from participating in activities involving physical exertion. Further, I understand that there is a risk of injury from using the Facilities and/or exercise equipment, including, but not limited to, the potential for permanent paralysis and death, serious injury to internal organs, musculoskeletal injuries, and possible impairment to my general health and well-being.
2. I understand that my access to and use of the Facilities and exercise equipment is not a condition of employment, is not related to my employment and therefore, my use of the Facilities and exercise equipment, should any injury occur, will not be covered by worker's compensation.
3. I agree to notify the TFC 24/7 Emergency Maintenance Line at (512) 463-3600 if I detect any hazards or defects in the Facilities or exercise equipment to which I am allowed access.
4. I agree to comply with the Wellness Area Rules as posted. These rules may change without notice and current rules will be posted in the Facilities. I understand that my continued use of the Facilities signifies my agreement with any rules as currently posted.
5. I acknowledge that I am in good physical condition and do not know of any condition or reason that I should not use the Facilities and exercise equipment.
6. I understand that a medical examination to assure myself of physical fitness is desirable and that obtaining such an examination is my own responsibility.
7. I understand that the use of the Facilities and exercise equipment is restricted to State of Texas employees who have signed this Waiver of Liability Form and been granted access. I understand that my access to the Facilities and exercise

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equipment is solely for myself and that I am not permitted to bring guests or permit entry by anyone who has not been granted access to the Facilities.

8. I agree to operate any equipment as it was designed and intended to be used and to leave the Facilities as I found them. I understand that any misuse of the Facilities or equipment may result in injury to myself or others. I understand that I may be held responsible for damage to the Facilities or equipment occurring as a result of misuse or abuse.

9. I understand that classes offered in the Facilities are not provided by the Texas Facilities Commission and the Texas Facilities Commission does not review or oversee the classes. I understand that I am solely responsible for determining the quality and safety of any classes for my individual needs.

10. I understand that lockers are for use only while I am using the Facilities and overnight use is not permitted. I further understand that locks or personal possessions left in a locker longer than 24 hours may be considered abandoned and removed by the Texas Facilities Commission without further notice.

11. I acknowledge that the Texas Facilities Commission is not responsible for the security of items left in the Facilities and that my use of these spaces is at my own risk.

12. I understand that if I violate the terms stated in this Waiver of Liability Form, the Wellness Area Rules, or any other posted signage, I may be denied the privilege of accessing the Facilities and exercise equipment.

13. I UNDERSTAND THAT ANY SECURITY CAMERAS DIRECTED AT THE EXERCISE FLOORS OF THE FACILITIES ARE NOT MONITORED IN REAL TIME.

14. I UNDERSTAND THAT I MUST TAKE REASONABLE PRECAUTIONS TO ENSURE MY OWN SAFETY WHILE USING THE FACILITIES, INCLUDING AVOIDING CONFRONTATIONS WITH OTHER INDIVIDUALS AND REPORTING ANY SUSPICIOUS OR THREATENING BEHAVIOR TO TFC IMMEDIATELY.

15. ON BEHALF OF MYSELF, MY HEIRS AND ASSIGNS, I HEREBY ASSUME ALL RISK IN CONNECTION WITH MY USE OF THE FACILITIES AND EQUIPMENT AND RELEASE AND HOLD HARMLESS THE TEXAS FACILITIES COMMISSION, ITS EMPLOYEES AND AGENTS FROM AND AGAINST ALL LIABILITY FOR ANY INJURY, INCLUDING, WITHOUT LIMITATION, PERSONAL, BODILY, OR MENTAL INJURY, ASSAULT, DISABILITY, DEATH, ECONOMIC LOSS OR DAMAGES AND ANY OTHER CLAIMS, DEMANDS, LOSSES OR DAMAGES INCURRED BY ME IN CONNECTION WITH THE USE OF THE FACILITIES AND/OR ANY EQUIPMENT THEREIN.

I acknowledge and affirm that I have carefully read the above information and have obtained a satisfactory explanation of any part I do not understand.

First Name: _____ Last Name: _____

Agency Name: _____ Agency #: _____ [*Where do I find this?](#)

Primary Work Location (Building Name): _____ [*Where do I find this?](#)

State Email Address: _____

Access Badge Number (first 11 digits): _____ [*Where do I find this?](#)

Signature and Date: _____