



## EMPLOYEE WELLNESS PROGRAM



The Employee Wellness Program is for City of Reno employees (full and part time), retirees, and *dependents of employees\**

### Includes

Unlimited access to Pools and Fitness Centers

### Recreation Facilities

- WILLIAM N. PENNINGTON MOANA SPRINGS COMMUNITY AQUATICS AND FITNESS CENTER
- IDLEWILD POOL
- NORTHWEST POOL
- TRANER POOL
- PLUMAS GYM
- EVELYN MOUNT NORTHEAST COMMUNITY CENTER
- NEIL ROAD RECREATION CENTER

### \*FEE FOR DEPENDENTS

- \$12 per month for additional adult
- \$6 per month for a child



# City of Reno Wellness Program Recreational Waiver for City of Reno Employees and Dependents

The Employee Wellness Program is available to City of Reno employees (both full- and part-time), retirees, and their eligible dependents who complete the waiver and enroll. The program includes a RecConnect membership, which provides a key tag that can be issued at any of our recreation facilities. This key tag must be scanned for each participant on every visit to access Wellness Program benefits.

Eligible dependents are defined by the City as individuals who reside in the same household and are financially dependent on the employee or retiree. Dependents will receive the RecConnect membership at a 60% discounted rate. *Friends or roommates are not considered dependents.*

Program features include:

**General Fitness:** Enjoy free access to our fitness centers during public hours, with cardiovascular and weight training equipment suitable for all fitness levels

**Group Fitness Classes:** Participate in group fitness classes with no registration fees for enrolled participants

**Swimming:** Swim for free during open swim and lap swim sessions at all five City of Reno pools: Moana Springs Aquatic Center, EMNECC, Northwest, and the seasonal pools at Trainer and Idlewild

**PLEASE READ THE ENTIRE CONTENTS OF THIS DOCUMENT BEFORE SIGNING, AS IT HAS A SIGNIFICANT EFFECT ON YOUR LEGAL RIGHTS. THIS DOCUMENT IS INTENDED TO PROTECT THE CITY OF RENO FROM ALL LIABILITY RELATED TO YOUR PARTICIPATION IN RECREATIONAL ACTIVITIES AT CITY OF RENO PARKS AND RECREATION FACILITIES.**

**Unconditional Waiver/Assumption of Risk:** In executing this unconditional waiver, I state that my attendance-and participation in recreational activities at City of Reno Parks and Recreation facilities is voluntary and is for my personal benefit and I understand that the City of Reno will receive no direct benefit from my participation, other than the intangible value of employee health and morale common to all kinds of recreation and social life. I assume all the risks of injury to my person and property that may be sustained in connection with the stated participation in and about the premises. I, on behalf of myself, my spouse, my parents, my children, my heirs, administrators, and assignees, agree that in the event I sustain personal injury or property damage as a result of my participation in recreational activities at City of Reno Parks and Recreation facilities, the City of Reno will not be liable for such injury or damage.

I understand that certain of the activities are physically challenging and potentially dangerous and I assume all risk associated with my participation. Additionally, I represent that I am physically and emotionally capable of performing the activities.

I further understand that my participation in this program is voluntary and that the City of Reno is not responsible for insuring my safety while I am participating in recreational activities at City of Reno Parks and Recreation facilities and that the City of Reno does not carry any liability coverage that would apply to any injury that I might sustain by means of my participation in such activities. I understand that my participation is wholly unconnected with my employment and that I am pursuing a private interest on my own time. I understand that I will receive no compensation of any kind and must be in an "off-duty" status when participating in these recreational activities. Additionally, I understand that if I am injured I will not be covered by workers' compensation insurance and that I am to act in a responsible manner when using equipment on premises.

Consent: I further freely consent to the unrestricted use by the City of any photographs, recordings, interviews, videotapes, motion pictures or similar visual or auditory recording of me created in connection with these activities. I understand I will receive no compensation for my participation.

**Employee Certification:** I certify that the information provided on this application is correct and that all listed dependents are eligible according to the definition provided above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Employee:** Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Department Name: \_\_\_\_\_ Retired:  Yes  No

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_ Email Address \_\_\_\_\_

**Eligible Dependent:** Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender \_\_\_\_\_ Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**Eligible Dependent:** Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender \_\_\_\_\_ Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**Eligible Dependent:** Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender \_\_\_\_\_ Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**Eligible Dependent:** Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender \_\_\_\_\_ Phone \_\_\_\_\_ Email Address \_\_\_\_\_

