

**Bureau of Land Management  
Alaska Fire Service  
Fitness Facility Utilization  
Voluntary Participation  
Informed Consent and Waiver Form**

I wish to utilize the Alaska Fire Service Fitness Facility. I agree to abide by the AFS Fitness Facility Policy, posted rules and regulations and understand that violation will result in exclusion from the Fitness Facility benefits.

I realize that there are dangers whenever one is engaged 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 utilization of the AFS Fitness Facility.

I hereby release and hold harmless from any liability whatsoever the Department of the Interior, Bureau of Land Management, Alaska Division of Fire and Aviation, 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 the Informed Consent and Waiver Form, understand its contents, and agree to the above terms and conditions.

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Employee's Name (Print)

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Employee's Signature

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Date

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Supervisor's Signature

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Date