

Otter Tail County Bicycle Program



Physical Activity Release

_____, understands and agrees that the Otter Tail County Bike program is a voluntary recreational program sponsored by the Wellness Committee, and I am not required to participate in this program and understand that any injury occurring during the recreational (exercise) activity will not be covered by the employer’s workers’ compensation coverage. I am not aware of any medical conditions that precludes participation in their recreational program.

I hereby voluntarily, at my own risk, sign this release in sole consideration of being permitted to use Otter Tail County’s bicycle property. If I have any questions regarding this release or the terms of this release, please contact (Wellness Chair).

Otter Tail County has provided:

- A Bicycle Safety Flyer published by the U.S. Department of Transportation.
- A helmet and protective equipment for my safety.

If at any time I neglect to follow the policy, Otter Tail County has the right to terminate my use of the bikes.

I have read and understood Minnesota Statute 176.021 Subdivision 9. ***Injuries incurred while participating in voluntary recreational programs sponsored by the employer, including health promotion programs, athletic events, parties, and picnics, do not arise out of and in the course of the employment even though the employer pays some or all of the cost of the program. This exclusion does not apply in the event that the injured employee was ordered or assigned by the employer to participate in the program.***

I understand that I am responsible for the bike while using it and may be liable for any costs relating to loss, damage, theft or vandalism of the bike.

I have read and understood the foregoing and acknowledge my consent to the terms of this release by signing this release.

Date _____

Name (printed) _____

Signature _____

Adopted **