



MEMBERSHIP APPLICATION PACKET

www.johofitness.org

Justice Occupational Health Organization Agreement

WELCOME to the Justice Occupational Health Organization (JOHO). JOHO is a non-profit organization that provides for the operation of the Justice Fitness Centers. The Justice Fitness Centers provide comprehensive health and fitness programs designed to meet all your needs and goals for a healthy lifestyle. The centers are staffed with highly qualified fitness professionals trained in exercise testing, programming, and health promotion.

[Email: joho@johofitness.org](mailto:joho@johofitness.org)

To become a member of JOHO you are required to:

1. Read and complete all forms in this packet.
2. Return completed application, health history, informed consent, and liability waiver with initiation fee payment to the fitness center staff.
3. Receive a Facility Tour. *optional*
4. All new JOHO members are strongly encouraged to sign up for a fitness assessment and/or one-on-one program before starting exercise.

* I have received a membership application and have been communicated with by a staff member about all of the services provided. I have received a tour of the facility (optional) I understand that the current copy of the rules and regulations is posted at the facility and on the JOHO website. I agree to follow the rules and regulations and understand that my signature is binding to future updates to the rules and regulations.

Print Name (please print clearly): _____

Signature: _____ Date: _____

DUES AND FEES

JOHO FEE

NEW MEMBER FEE \$35 \$ _____ REACTIVATION FEE \$35 \$ _____

DOJ MEMBERS

ANNUAL FEE \$494 \$ _____ EMPLOYEES HALF YEAR FEE \$247 \$ _____

QUARTERLY FEE \$124 \$ _____ MONTHLY FEE \$42 \$ _____

PAYROLL DEDUCTION \$19 \$ _____

NON-DOJ MEMBERS

ANNUAL FEE \$546 \$ _____ HALF YEAR FEE \$273 \$ _____

QUARTERLY FEE \$137 \$ _____ MONTHLY FEE \$47 \$ _____

LOCKERS

LARGE \$60 \$ _____

JOHO TOTAL \$ _____

HealthFitness Staff Initials _____

Setting up your JOHO Allotment on your Employee Personal Page

1. Log in to your "Employee Personal Page" at <https://www.nfc.usda.gov/personal/>
 2. **DOJ Employees:** On the left-hand side of the page, expand the "Personal" services drop-down menu. Click on "Financial Allotments." On that page, click on the "Self-Service" block on the upper right side. Then, click on "Start a New Allotment." Add the new allotment for \$19.00 for your JOHO membership.
 3. The **JOHO MICR number and routing number** are listed below:
Account Number/MICR number: 1100888801545
Routing number: 254074413
 4. Choose "checking".
 5. Submit a hard copy or email your summary sheet to the JOHO Fitness Center. Include the Account Number, Routing Number, Amount, and Effective Pay Period to activate your membership.
- * To print a hard copy, log out, then log back into your Employee Personal Page. Print out the confirmation with the option to "Unmask the data." If the hard copy has any redacted information and does not appear exactly as below, please repeat step 5.
6. Below is an example image of what your confirmation page should include. This box will allow the Fitness Team to check if the pay period and the allotment amount are correct.

Financial Allotment Self-Service Request

Type of Request	Start
Bank Routing Nbr / Name	254074413 JUSTICE FEDERAL CREDIT UNION
AccountNbr	1100888801545
Type of Account	Checking
Allotment Amount	\$19.00
Effective Pay Period, Year	03, 2016
Date of Request	2/22/2016 11:56 AM

JOHO will not accept a membership application and or a confirmation page that does not include this information.

We are here to help if you should encounter any problems. Please email the Fitness Team at JOHO@johofitness.org or call JOHO RFK at (202)514-1000 or JOHO 3CON at (202)616-5891 with any questions.

Thank you!

Pre-Participation Screening Questionnaire

The health benefits of regular physical activity are clear; more people should engage in physical activity every day of the week. Participating in physical activity is very safe for MOST people. Please complete this form to help us determine your readiness to begin a physical activity regimen. Information provided will be kept confidential by Professional Fitness Management staff. With your authorization, it may also be provided to your physician(s) should your answers indicate physician's recommendations are necessary.

Please read the following questions carefully and answer each one honestly: Check YES or NO

1. Has your doctor ever said that you have a heart condition OR high blood pressure ? YES NO
2. Do you feel any pain in your chest at rest, during your daily activities, OR when you do physical activity? YES NO
3. Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months? YES NO
*Please answer NO if your dizziness was associated with over-breathing (including during vigorous exercise).
4. Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)? PLEASE LIST CONDITION(S) HERE: _____ YES NO
5. Are you currently taking prescribed medications for a chronic medical condition or underlying disorder (i.e., heart, lung, GI, blood) that may impact your ability to exercise? If yes, please complete the Medication Information section on the below.. PLEASE LIST CONDITION(S) HERE: _____ YES NO
6. Do you currently have (or have had within the past 12 months) a bone, joint, or soft tissue (muscle, ligament, or tendon) problem that could be made worse by becoming more physically active (i.e., bursitis, arthritis, joint or muscle disorder, etc.)? *Please answer NO if you had a problem in the past, but it does not limit your current ability to be active. PLEASE LIST CONDITION(S) HERE: _____ YES NO
7. Has your doctor ever said that you should only do medically supervised physical activity? YES NO
8. Do you have insulin-dependant diabetes or take medication to control your blood sugar? YES NO
9. Do you have a medical condition not mentioned here which might affect your ability to participate in an exercise program (i.e., seizures, emphysema, asthma, etc.)? Please specify: _____ YES NO
10. Are you currently pregnant or within six weeks postpartum? (# of months pregnant _____) YES NO
11. Are you a male over the age of 45? YES NO
12. Are you a female over the age of 55, or post menopausal, or had a hysterectomy? YES NO
13. Do you smoke or have you smoked within the last 6 months? YES NO
14. Has your doctor said you have high blood pressure (> 140/90) or are you on medication for your blood pressure? YES NO
15. Is your total serum cholesterol >200 mg/dl? YES NO
16. Do you have a male family member (father/brother) who has had a heart attack/heart surgery before age 55 OR female family member (mother/sister) with this condition before age 65? Please specify _____ YES NO
17. Are you physically inactive (i.e., less than 30 minutes of physical activity at least 3 days/week) YES NO
18. Do you consider yourself more than 20 lbs. overweight? YES NO

If you answered YES to two or more of the statements above, staff will provide further medical paperwork/waiver. It is also recommended to consult your physician before engaging in exercise.

Medications Dosage Times/Day Purpose

If medications are being taken, please provide medication type and dosage:

When was your last physical exam ? _____

Do you have any exercise limitations not previously discussed (i.e., recent injuries, etc.)?

YES NO

If yes, please explain: _____

Please list any other pertinent health/medical information we should be aware of:

What are your health/fitness goals?

- | | | |
|---|--|--|
| <input type="checkbox"/> General Health/Fitness | <input type="checkbox"/> Cholesterol Reduction | <input type="checkbox"/> Increase Cardiovascular Endurance |
| <input type="checkbox"/> Blood Pressure Reduction | <input type="checkbox"/> Cancer Risk Reduction | <input type="checkbox"/> Increase Muscular Strength/Tone |
| <input type="checkbox"/> Smoking Cessation | <input type="checkbox"/> Weight / % Body Fat Reduction | <input type="checkbox"/> Increase Athletic Performance |
| <input type="checkbox"/> Increased Flexibility | <input type="checkbox"/> Stress Reduction | <input type="checkbox"/> Other _____ |

I understand that the completion of this form will not result in any type of diagnosis of disease that is not intended as a substitute for consultation with my personal physician. I must consult my own personal physician for any evaluation of my health status.

I hereby certify that I have read and understand all questions on this health and exercise history questionnaire, and that all questions have been answered truthfully to the best of my knowledge. I agree to notify the Professional Fitness Management staff if there are any changes in the information that I have provided herein.

Signature: _____

Date: _____

Witness/HealthFitness Staff: _____

Date: _____

JUSTICE OCCUPATIONAL HEALTH ORGANIZATION

RULES AND REGULATIONS

All rules and regulations apply to the Robert F. Kennedy (RFK) Main Justice Fitness Center and the 3CON Fitness Center except where noted.

GENERAL RULES

1. Those allowed to use the Justice Fitness Center facilities are Active JOHO members, whose current user fees are paid and who have attended an orientation. JOHO members must be federal employees or contractors and must present a federal ID when signing up for membership. Contractors are required to have the Contractor Indemnification and Release signed by authorized personnel prior to joining JOHO. All new members are required to pay a \$35 activation fee and complete, in its entirety, this membership application packet.
2. Any non-member who is a DOJ federal or contracted employee may use the facility by registering at the front desk, completing a Day Use form, and paying the appropriate fee. The daily guest fee is \$8.00 per visit for up to 5 total visits before we ask visitor to terminate visitation or join the fitness center
3. All members entering the fitness center are required to check in once per visit. The check in is done via the bar code reader at the front desk. Refusal or failure to do so may result in the member being barred from using the facility until they comply with the check in procedures..
4. Any past member who wishes to rejoin must pay a \$35 reactivation fee.
5. A member may only suspend or pause his/her membership for medical or work related (detail) reasons for up to 6 months. Written notice must be provided prior to the start of the membership pause/suspension and should include expected return date. Upon return, a member may not be charged the re-activation fee. Members who wish to suspend their membership for any other reason will be asked to cancel and then rejoin upon return (re-activation fee included).
6. Membership processing procedures for JOHO members using the payroll deduction method of payment:
 - Confirmation of deduction start-up will be submitted with membership application. New DOJ employees who do not have access to their EPP, will be communicated with by staff after first pay period after joining, to prompt the allotment to be added.
 - It is the responsibility of the member to notify JOHO staff if payroll deduction has not started within one month of joining. (Noted on LES as: 888880154 SAVINGS)
 - A delay in payroll deduction start will result in initial email communications from JOHO Staff
 - It is the responsibility of the member to verify that the deducted amount is accurate and to notify JOHO staff within 2 pay periods if it has not started. Failure to do so relieves JOHO of any responsibility for reimbursement.
 - Continued failure to begin allotment will result in membership termination. Members will be contacted by staff before termination occurs.
7. Membership cancellation procedures for JOHO members using the payroll deduction method of payment:
 - The member must complete a JOHO membership cancellation form and submit it to the fitness center staff.
 - The member must follow the payroll deduction cancellation procedures by accessing their EPP.
 - The member is responsible for monitoring his/her earnings statement to verify that the fitness center allotment (payroll deduction) has been canceled. The allotment is noted on the member's earnings statements as a \$19 allotment to SAVINGS (1100)888880154(5).
 - The member should notify the fitness center staff immediately if the cancellation does not become effective after 2 pay periods (the normal processing time).
 - Failure to cancel through this procedure relieves JOHO of any responsibility for reimbursement.
8. Membership cancellation procedures for JOHO Members using direct payment methods, must still communicate their want to terminate membership to a JOHO staff so proper cancellation documentation can be provided.
9. Any conduct that is uncivilized and disrespectful of the rights of others shall be the cause for immediate eviction from the facility by the management staff and revocation of user privileges by the JOHO Board of Directors.
10. Posted rules and notices must be strictly obeyed.
11. Firearms are not permitted in any JOHO facilities.
12. The fitness center is available for members' use 24 hours each day. Professional Fitness Management personnel staff the fitness centers and are available for members' assistance during staffed hours.
 - a. Staff are present in JOHO facilities 7:30am-3:30pm Monday through Friday with the exception of federally observed holidays and federal closures.
13. The offices and worksites of the management staff may not be entered without the permission of the staff.
14. For locker room use, JOHO Members must provide their own towels and locks.
15. JOHO facility users are urged to lock all valuables in a locker while exercising. The management staff and the JOHO Board of Directors are not responsible for items that are lost or stolen.
16. No food or tobacco products are permitted in the facility. Beverages must be in a non-breakable, closed container, except for the disposable paper cups used for water from the facility water dispensers.

17. Proper exercise attire must be worn at all times while exercising in the Fitness Center.
 - a. Appropriate shoes- closed toe, rubber soled shoes. Any and all versions of a sneaker that supports the foot, with a rubber sole is advised.
 - b. Tops without excessive or inappropriate cuts/holes/rips, that provide coverage of the upper trunk (sternum to natural waist at minimum), and that limits the amount of midriff that is exposed when possible.
 - c. Bottoms should provide total coverage and prevent any indecent exposure.
 - d. Conventional exercise attire is permissible, including leotards, tights, warm-up suits
18. Facility users must yield to exercise classes or any other organized JOHO program or activity.
19. Children under the age of 18 are not permitted to work out or accompany a member during his/her workout.
20. A \$30 returned check fee will be assessed to all returned checks.
21. A \$25 fee may be assessed if any member erroneously asks a fitness center staff person to cut a lock off a locker.
22. The use of mobile phones for active calls of any kind (phone or video) is prohibited at all times in the fitness center and facility locker rooms. Mobile phones may be used for text and email communications only when in the fitness center. All calls should be taken outside of the fitness center.
 - a. Mobile devices may be used for music or entertainment purposes when working out.
23. Runners/walkers must wear their ID cards in order to re-enter the building.
 - a. AT RFK: Runners/walkers must enter and exit the building through the garage and either the 9th or 10th street gates. Runners/walkers (in workout clothes) may not use the elevator or stairwells during normal business hours.
 - b. Runners/walkers must wear T-shirts and other appropriate attire at all times while in the building.
24. Members are prohibited from running in the hallways.
25. Runners/walkers should not stretch against the mirrors or murals. Sand and mud should not be tracked into the building or into the facility.
 - a. In the event that this does occur, please alert the staff so that proper clean up can commence.
26. Lunchtime classes are limited to space and equipment availability. Classes are "first-come-first-serve". No pre-registration for classes is required at this time but members are encouraged to arrive at the fitness center 15 min before the class begins to ensure equipment and space will be available to them.
27. Exercise equipment used for classes may be used ONLY when a class is not being taught.
28. Unless a member is familiar with the correct usage of the exercise equipment, he or she is urged to set up an equipment orientation with the fitness center staff to get a better understanding of proper usage and form. Personal program/training design and fitness evaluations are also available. Speak with a staff member to schedule.
29. JOHO members are prohibited from making any modifications or repairs to any exercise equipment at any time. Only the staff are allowed to undertake these repairs. This rule will be strictly enforced, to maintain the safety standards of all facilities equipment. If the required repairs are too extensive for staff, an outside contractor will be contacted to complete the repair.
30. All equipment malfunctions or breakdowns must be reported as soon as possible to the facility staff. If the equipment malfunctions or breaks down during unstaffed hours, facility staff must still be notified as soon as possible. If the malfunction or breakdown poses a danger to a subsequent user, that piece of equipment will be removed from use and a sign will be posted to warn of danger.
31. Normal exercise adjustments to equipment for use/form may be made by a user. However, if the user is not absolutely certain of the proper procedure to use in making a normal adjustment, the facility staff should be consulted, and, if during unstaffed hours, they are urges not to use that piece of equipment.
32. Users must wipe their perspiration off equipment after use in consideration of subsequent users. GymWipes are supplied around the facilities for this purpose. Please wipe down ALL equipment immediately after use.
33. Free weights and weight stacks on equipment must not be slammed or dropped. Do not slam the weight stacks of the strength training machines. Do not drop free weights on the floor as it damages the equipment, the floor, and disrupts neighboring DOJ offices.
34. Always return barbells, dumbbells and accessory weight equipment to their proper places after use.

Member Initials _____

LOCKER ROOM RULES/LOCKER POLICY

- 35. Lockers can be rented for \$60 annually at both RFK and 3CON facilities. Rental periods are recurring and can be purchased at any time throughout the year. Rental periods are 365 consecutive days and will automatically renew, unless the member terminates their rental agreement, at least 30-days before the renewal period ends.. Lockers are available on a first come basis to JOHO members in good standing. Notices to renew lockers will be posted approximately 30 days before renewal on each respective rental locker.
- 36. All lockers must be renewed annually and paid for each new rental year. Rental lockers are available for \$60/year at both RFK and 3CON facilities. Locks must be kept on rental lockers, at all times. **Lockers are non-transferable and the fees are non-refundable.**
- 37. All rental lockers are to be marked with a rented sticker issued at the front desk.
- 38. Large, unmarked lockers (Day Use Lockers) are to be used only while the user is exercising. A lock may be used on these lockers when in use. All items must be removed from these lockers by close of business each day. Any locker found in use after that time will have a warning notice placed on it and, if not vacated in seven (7) days, its lock will be cut, the contents removed, put in storage for one (1) month and then discarded.
- 39. Any rental locker not renewed by the end of the new rental period will have warning notice placed on it and, if not emptied in seven (7) days, the lock will be cut, contents removed and put in storage for one (1) month and thereafter treated as lost and found.
- 40. No items may be kept on the outside of your locker. This includes clothes, towels, loofas, etc.
- 41. In order to prevent slip hazards, members shall not use body oils, powders, or similar products in the tiled shower areas.
- 42. No towels are to be left drying overnight. All towels left hanging overnight will be treated as lost and found.

Member Initials _____

LOST AND FOUND

- 43. Clothes and other property found scattered in the locker rooms will be placed in a large locker or bin marked "Lost and Found" located near the entrance. Small items or items considered valuable may be claimed at the main desk.
- 44. Periodically notice will be posted regarding the disposal of lost and found items. Within 30 days all items from the lost and found locations will be removed and placed in storage for approximately one month, after which, items will be discarded or given to charity

Member Initials _____

FIRE ALARM AND EMERGENCY EVACUATION PROCEDURES

- 45. During a fire alarm, **ALL** members must exit the building as soon as possible
 - a. AT 3CON: "All occupants will exit through Building Exit #2 (fitness center exits) and proceed to Rally point #1, which is the sidewalk area east of NoMa-Gallaudet Metro Station South entrance."
 - b. AT RFK: Exit the building by using the stairs across from the Fitness Center main entrance. Go to the first floor, turn right out of the stairwell and proceed to the Constitution Ave. entrance.
- 46. The JOHO Board and staff reserve the right to suspend the membership of anyone who fails to follow staff instructions during a fire alarm.

Member Initials _____

I have read and understand the above regulations in their entirety.

Name (Print)

Signature

Date

HealthFitness Staff Initials _____

JUSTICE OCCUPATIONAL HEALTH ORGANIZATION INFORMED CONSENT FOR EXERCISE, PROGRAMS/TESTING, AND WAIVER OF CLAIMS

The Department of Justice has made available facilities and equipment (fitness center) for the benefit of the Department of Justice and other federal employees. The Department of Justice has entered into a memorandum of understanding with the Justice Occupational Health Organization (JOHO), a voluntary employee association to operate the fitness center. JOHO has engaged the services of HealthFitness (HFit) to manage ongoing operations of the fitness center facilities, to provide members with professional assistance with personal exercise programs, if desired, and to coordinate health and wellness education/activities.

You have expressed interest in participation in exercise activities at the fitness center. This document will help you understand the various risks associated with regard to your participation.

OPPORTUNITIES

As a user of the fitness center, many wellness opportunities will be available to you. These opportunities include, but are not limited to:

- Use of cardiovascular training equipment such as stationary bicycles, stair climbers, treadmills, rowers, and elliptical trainers
- Use of strength training machines and free weight equipment
- Group Exercise Classes
- Fitness programming
- Comprehensive fitness testing

The HealthFitness staff will be available during weekly staffed hours at the fitness center to assist you in the use of any fitness center facilities or equipment. It is your responsibility to use the facilities and equipment safely, to read and follow the JOHO rules and regulations. HFit strongly encourages you to seek the assistance of its staff in the use of any facilities or apparatus with which you are unfamiliar and in the development of an exercise program that is appropriate to your needs, desires, and abilities.

RISKS

If you elect to use the fitness center, any portion of the facility, or if you elect to participate in any related programs, your use and participation will be solely at your own risk. You are advised to consult with your personal physician before beginning to use the fitness center or participating in any related activity if deemed necessary and it is advised to consult with him/her on a regular basis.

HealthFitness staff are trained in fitness program management, but are not medically trained.

Although HealthFitness staff will assist you in learning to use the exercise equipment, developing an exercise program, and conducting exercise testing upon your request, you should not view their assistance, or the results of any exercise test, as medical diagnosis or statement about your health. Moreover, the fitness center staff will not be responsible for monitoring individual use of the fitness center or equipment, but will provide assistance when asked or when notice of misuse or misapplication is identified.

Even consultation with your physician and engaging in regular exercise in no way guarantees against the possibility of adverse occurrences during an exercise session or use of other fitness center facilities. Possible risks include, but are not limited to: episodes of dizziness, fainting, muscle cramping, muscle and skeletal injury, sprains and strains, heart attack, stroke, or sudden death. Please contact your physician for further details.

CONFIDENTIALITY OF RECORDS

All personal information we (HealthFitness) obtain as part of your admittance into the fitness center will be kept strictly confidential. It is collected for the exclusive use of the fitness center staff. Unless necessary to respond to an emergency, this information will not be given to any officers or employees of the Department of Justice. There will be no release of personal information without your written consent except in response to a medical emergency or to an insurance or other legal claim. The records maintained by HealthFitness are not subject to the provisions of the Privacy Act of 1974 in that, HealthFitness is not subject to the provisions of this law as a private organization.

RELEASE

AS a condition precedent to your right to use the fitness center, you must sign and return the attached waiver form and release. Please read the form carefully and make sure you fully understand it before signing.

SIGNATURE

In signing this form, you state that you have read and understand the descriptions and risks described herein. Any questions that have occurred to you have been raised and have been answered to your satisfaction.

ACKNOWLEDGEMENT

I wish to participate voluntarily in the exercise/fitness-testing programs (which include, without limitation, any use of premises, facilities, or equipment, and participating in exercise classes or health and fitness enhancement events) administered by the Justice Occupational Health Organization (JOHO) in U.S Department of Justice (Department) space. I further acknowledge that the Programs include activities that can be very strenuous, and my participation in the Programs involves inherent risks, which could lead to serious personal injury or even death.

I understand the risks involved in my participation in the Programs. I agree that I will cease my participation in the Programs or any specific exercise, if I feel that such participation is too strenuous or places me at specific risk of injury.

In no event shall the United States, its officers, employees, or agents; or JOHO, its directors, officers, employees, agents; or the facilities manager/contractor, its directors, officers, employees, or agents, be liable in any way for any personal injury, death, or property loss or damage sustained by our through me in connection with the Programs; and I agree (for myself and anyone claiming through me) to defend and hold harmless each such party aforementioned from and against any claim or demand that may be asserted against any or all of them arising out of any such injury, death, loss, or damage; provided, however, that the foregoing shall be of no force or effect with respect to any claim or demand covered by the Federal Employees Compensation Act (FECA). I agree (for myself and anyone claiming through me) to seek recourse for any personal injury or death suffered by me and occurring in connection with the use of the Programs solely and exclusively under FECA.

Unless amended by mutual agreement, this instrument shall remain binding and in effect so long as I am a member of JOHO or participant in its Program.

APPLICANT SIGNATURE _____ **DATE** _____

WITNESS/ HealthFitness STAFF SIGNATURE _____ **DATE** _____

24/7 FACILITY ACCESS LIABILITY WAIVER FOR PARTICIPATION

The Justice Occupational Health Organization has extended 24/7 access to all facility spaces to active members only.

In using the fitness facilities outside of the allotted staffed hours, I acknowledge that I am working out at my own risk, without the presence or supervision of a JOHO Fitness staff member and am not to enter into any new and unknown movements until I can gain the assistance/knowledge from a staff member to learn to correctly and safely perform an exercise.

Upholding the Rules and Regulations of the JOHO Fitness Center is required at all times as an active member.

I wish to participate voluntarily in the exercise/fitness-testing programs (which include, without limitation, any use of premises, facilities, or equipment, and participating in exercise classes or health and fitness enhancement events) administered by the Justice Occupational Health Organization (JOHO) in the U.S Department of Justice provided space.

I acknowledge that JOHO and the Department entities are independent of one another, and that the Department does not supervise, or administer and is not responsible for JOHO or any of its policies, torts, obligations, business, programs, employees, contractors, or agents.

I further acknowledge that exercise/fitness/wellness programs include activities that can be very strenuous, and my participation in the Programs involves inherent risks, which could lead to serious personal injury or even death.

Understanding the risks involved in my participation in the Programs, I agree that I will cease my participation in the Programs or any specific exercise, if I feel that such participation is too strenuous or places me at specific risk of injury.

In no event shall the United States, its officers, employees, or agents; or JOHO, its directors, officers, employees, agents; or the facilities manager/contractor, its directors, officers, employees, or agents, be liable in any way for any personal injury, death, or property loss or damage sustained by our through me in connection with the Programs; and I agree (for myself and anyone claiming through me) to defend and hold harmless each such party aforementioned from and against any claim or demand that may be asserted against any or all of them arising out of any such injury, death, loss, or damage; provided, however, that the foregoing shall be of no force or effect with respect to any claim or demand covered by the Federal Employees Compensation Act (FECA). I agree (for myself and anyone claiming through me) to seek recourse for any personal injury or death suffered by me and occurring in connection with the use of the Programs solely and exclusively under FECA.

Unless amended by mutual agreement, this instrument shall remain binding and in effect so long as I am a member of JOHO or participant in its Program.

I HAVE CAREFULLY READ, FULLY UNDERSTAND AND VOLUNTARILY SIGN THIS DOCUMENT.

Name of Participant (Print Name): _____

Signature: _____ Date: _____

Witness - HealthFitness (Print Name): _____

Signature: _____ Date: _____

Emergency Information (please print)

MEMBER INFO.

LAST NAME,	FIRST NAME,	M.I.
_____	_____	_____
DOB		GENDER
_____		_____

Member Email

WORK INFORMATION

DIVISION (DOJ)	AGENCY (NON-DOJ)		
_____	_____		
BLDG	ROOM #	WORK PHONE #	
_____	_____	_____	
WORK STREET ADDRESS	CITY	STATE	ZIP
_____	_____	_____	_____

HOME INFORMATION

HOME STREET ADDRESS	CITY	STATE	ZIP
_____	_____	_____	_____
HOME PHONE #	CELL PHONE #		
_____	_____		

IN CASE OF EMERGENCY CONTACT INFO:

EMERGENCY CONTACT NAME	CITY	STATE
_____	_____	_____

PHONE #

