

Acknowledgement of Terms For

**BUREAU OF MEDICINE AND SURGERY
VOLUNTARY PHYSICAL FITNESS PROGRAM**

I, _____, understand and agree that:

a. I may voluntarily take part in a fitness program during duty hours for a maximum of 1 hour per day and no more than 3 hours per week.

b. On the days that I elect to participate, I understand that 30 minutes of the 1 hour allowed is my lunch break and 30 minutes is administrative time away from work. I will not be allowed a separate lunch period.

c. This program is unsupervised and I am under no obligation or duty to become involved.

d. If unaccustomed to regular exercise, it is recommended that I consult with a physician prior to engaging in this exercise program.

e. Should I incur injury as a result of my participation in this voluntary exercise program, I may be covered under the Federal Employees Compensation Act if I am employed as a full-time civilian government employee.

f. I will conduct my exercise program within the nearby facility of the work area and if engaged in jogging, cycling, walking or working out, I will begin and end my program at my work site.

g. Times for exercise must be approved by my immediate supervisor in consideration of mission requirements.

h. A signed copy of this agreement will be kept on file by my supervisor and Executive Assistant.

(Signature of Employee)

(Date)

(Job Title)

(Signature of Immediate Supervisor)

(Date)