



**Wellness Centers  
Rules & Regulations  
Contact: (352) 334-5037 ext. 8542**

**Purpose**

The City's Wellness Centers aspire to improve the fitness/wellness of employees, spouses and retirees (**only**), as well as decrease the number of worksite injuries and increase overall morale.

**All employees, spouses and retirees shall abide by the following:**

1. **All employees, spouses, and retirees must be cleared by the Wellness Staff in Risk Management before accessing the Wellness Centers.**
2. It is recommended that you **consult your physician** before engaging in a fitness program. However, physician clearance may be required, prior to accessing the Wellness Centers.
3. The Wellness Centers are **only available** to COG/GRU employees, their spouses, and retirees.
4. You **must** scan *your own* COG/GRU issued access card prior to accessing wellness center.
5. Shirts and athletic shoes **must** be worn at all times.
6. Please clean equipment with provided Sani-Wipes before and after use.
7. Re-rack weights and equipment when you are finished.
8. When using free weights over the head or chest, a spotter **must** be present.
9. **NO** smoking, chewing, or dipping tobacco in the Wellness Centers.
10. COG/GRU is NOT responsible for loss of personal belongings.
11. Please report suspicious behavior, broken equipment, or exercise workshop requests to Rod Clark, [clarksj@cityofgainesville.org](mailto:clarksj@cityofgainesville.org) / 352-334-5037 ext. 8542.
12. The Wellness Centers are City of Gainesville facilities; therefore, **policy number 19** (Code of Conduct and Minimum Disciplinary Actions) or the City of Gainesville Personnel Policies and Procedures apply in the facility at all times (24 hrs a day – 7 days a week). Violations can result in disciplinary action as dictated in the Code of Conduct.
13. **Please call 911 for emergencies.**



### Wellness Participant Agreement

I hereby agree that if I should violate any of the above stated rules and regulations governing the use and care of the City of Gainesville/GRU Wellness Centers, my privileges to the facility will be either temporarily or permanently revoked.

Furthermore, I agree to abide by all future policies adopted by the Wellness Centers.

I promise to communicate any changes in personal health information to the Wellness Staff.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Wellness Staff

\_\_\_\_\_  
Date