

Chase County Hospital/Clinic will not be held responsible or liable for any injury caused by my use of equipment provided for wellness or for my participation in the WELLNESS PROGRAM that is provided by my employer, Chase County Hospital/Clinic. Any bills that are acquired as a result of participation in the WELLNESS PROGRAM will be my responsibility and can be submitted to my personal health insurance plan.

I understand that only employees of Chase County Hospital/Clinic are allowed in the WELLNESS room. I will respect and use all equipment as it is designed and report any malfunctions. I must report to the nurses' station if I am in the WELLNESS room after hours. I agree that all drinks must be covered. I realize that violations of this policy will result in my not being able to use the WELLNESS room.

---

Signature of employee

---

Date