

STATE OF TEXAS
TEXAS MILITARY DEPARTMENT

**FOR STATE EMPLOYEES
RELEASE AND AUTHORIZATION**

I, _____, acknowledge and agree:
(Print Employee's Name)

- a. That I may voluntarily take part in the physical fitness program during normal working hours up to three hours per week, not to exceed one hour per day.
- b. That this program is unsupervised and I am under no obligation or duty to become involved.
- c. That it is recommended I consult with a physician prior to engaging in this exercise program.
- d. That should I incur injury or death as a result of my participation in this voluntary exercise program, I may not be covered under the worker's compensation act.
- e. That there may be a health risk for certain individuals participating in activities involving physical exertion.
- f. That I will use primarily my own equipment and clothing.
- g. That I must seek approval from my supervisor prior to using the time for exercise and take into consideration mission requirements.
- h. That a signed copy of this agreement will be kept on file in my personnel file located at the State Human Resources Office.

Date

Employee Signature

Employee Job Title