

**COUNTY OF RIVERSIDE, CALIFORNIA**  
**BOARD OF SUPERVISORS POLICY**

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<b>USE OF COUNTY FACILITIES FOR EMPLOYEE HEALTH AND WELL-BEING ACTIVITIES</b>	<b>H-35</b>	<b>1 of 3</b>

**Purpose Statement:**

The primary purpose of this policy is to encourage healthy lifestyles for employees by providing convenient access to health and well-being activities at the worksite.

**Policy – General:**

This policy outlines the requirements for “County departments” (including all County departments, agencies, and districts) and employees when participating in health and well-being activities inside or outside County-owned or County-leased facilities (collectively “County facilities”). The use of County facilities for these activities is permitted only in accordance with this policy.

These activities shall not take priority over the County’s primary function to conduct County business and serve the public. County facilities must at all times be used in a manner that is respectful of County business and property. County facilities shall not in any way be used to sell or promote products or services.

Participation is limited to County employees, with the exception that an “instructor” (including any instructor, group or class leader, facilitator or person of a similar position) may participate in the activity. An outside instructor is not required.

County employee participation is limited to non-paid time (such as lunch time, prior to or after normal work hours). All use of County facilities, including preparation and clean-up (such as moving tables, chairs, or other items), shall be promptly completed during the participants’ own time.

**Policy – Specifics:**

For general reference, permitted activities include but are not limited to:

- Physical activity that is of no more than a moderate strenuous level (no extreme physical exercise such as heavy impact strength training, power lifting, or high-impact aerobics).
- Nutrition or healthy eating support groups or classes.
- Fitness, nutrition, or well-being programs or challenges.
- Stress management, stretching, or mindfulness classes.
- Exercise videos.

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All health and well-being activities held at County facilities must be pre-approved by the applicable department head (as used in this policy, this refers to the department head or her/his designee).

Each department head is encouraged to establish an approval process and appropriate guidelines for health and well-being activities at their County facilities. Participants must adhere to all department requirements unless a specific waiver is granted by the department head. Requests for use of County facilities should be for specific dates, times and location. Leaving the location in an unsatisfactory condition shall be justification to deny future use of the County facility.

Storage of non-County equipment used for activities must be pre-approved by the department head. If storage is not available, any equipment must be transported to and from the location by the participants. The County is not liable or responsible for any equipment or other items brought onto County facilities for these activities.

If approved by the department head, County employees may use County bulletin boards or the County's Culture of Health web page to promote these health and well-being activities. All postings must relate only to activities held at County facilities; and no promotion of offsite services is allowed.

**Instructors:**

County employees are solely responsible to arrange and pay all costs for any instructors. Instructors must be accompanied by County staff at all times when in secured areas of County facilities. The County shall have no liability or responsibility, financially or otherwise, for any instructors or other similar persons involved with an activity.

An instructor may not participate in an activity without first signing Attachment A. The County employee in charge of an activity, or another County employee designated by the department head, must collect signed copies from instructors and provide them to the department head. All documents should be retained in accordance with applicable County retention requirements. The County Risk Manager has the authority to waive or modify the insurance requirements stated in Attachment A; and County Counsel has the authority to revise Attachment A for a specific situation or future use.

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**Employees:**

Prior to engaging in any health and well-being activities, all participants must sign Attachment B to this policy. The County employee in charge of an activity, or another County employee designated by the department head, must collect signed copies from all participants and provide them to the department head. All documents should be retained in accordance with applicable County retention requirements. County Counsel has the authority to revise Attachment B for a specific situation or future use.

All County employees are responsible for their own health and safety during activities. The County shall have no liability or responsibility to County employees, financially or otherwise, resulting from their participation in these activities. County employees participate in the health and well-being activities at their own risk, must keep their personal limitations in mind, and should consult their physician before engaging in any physical or other well-being related activities.

Participants must use prudent judgment when bringing their own equipment to an activity, including but not limited to: free weights, resistance bands, tools, videos, exercise mats, protective gear, or athletic attire.

County employees may not benefit financially in any way from an instructor's involvement with an activity. County employees may volunteer to lead a class but cannot be paid. A County employee who is a volunteer instructor does not need to sign Attachment A.

In the event of what might appear to be a serious injury, someone in the participant group should call 911 immediately. In addition, someone in the participant group should assist the emergency responders to the location when they arrive. County employees should be familiar with the locations and proper use of Automated External Defibrillators (AED).

**Reference:**

Minute Order 3-24 of 06/07/2016

**ACTIVITY INSTRUCTOR OR LEADER FORM REQUIRED FOR  
ACTIVITIES ALLOWED BY BOARD POLICY H-35**

**INSTRUCTOR NAME (PRINTED):** \_\_\_\_\_

**ACTIVITY:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

This form must be read, understood and signed by all instructors or leaders (collectively “instructors”) who participate in activities allowed by Board Policy H-35.

As an instructor, I fully understand the nature of the activity I will be engaging in and my experience and capabilities in the activity. I voluntarily accept and assume all risks (personal injury or other risks) related to being an instructor for the activity. Before beginning the activity, I will independently seek any medical or other approvals necessary or appropriate for my participation.

I will at all times act and conduct the activity in a safe manner; and abide by all applicable County or other requirements. I will be responsible for checking and maintaining the safety and good operating condition of any equipment I provide for the activity.

I understand that my participation in this activity is not within the course or scope of, or to be construed as, County employment. I completely release, discharge and indemnify from any responsibility or liability the County of Riverside, including any County agencies or districts, and its officers, employees or agents (collectively referred to as “County”) for any injury (including any physical injury or death), damage, claim, loss or expense related in any way to my participation in this activity.

I fully accept responsibility for all medical expenses that I may incur related to my participation. I understand the County is not providing medical or other insurance for my benefit. This does NOT affect the ability to file claims for medical care under the instructor or employee’s own County or other applicable health insurance program.

Prior to the start of the activity, I agree to submit to the department head an insurance certificate showing proof of: commercial or general liability insurance in the amount of \$500,000 per occurrence and in the aggregate; and workers’ compensation insurance if I am employed by an outside party to conduct the activity. If appropriate, the County Risk Manager may waive or modify these insurance requirements.

By signing below, I voluntarily agree to the terms stated in this document and will at all times comply with the requirements of Board Policy H-35.

**Signature:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

**THIS SIGNED FORM MUST BE RETURNED TO THE DEPARTMENT HEAD  
OR DESIGNEE BEFORE THE START OF PARTICIPATION**

**EMPLOYEE FORM REQUIRED FOR PARTICIPATION IN  
ACTIVITIES ALLOWED BY BOARD POLICY H-35**

**NAME (PRINTED):** \_\_\_\_\_

**ACTIVITY:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

This form must be read, understood and signed by all employees who participate in activities allowed by Board Policy H-35.

As a participant, I fully understand the nature of the activity I will be engaging in and my experience and capabilities in the activity. I voluntarily accept and assume all risks (personal injury or other risks) related to my participation in the activity. Before beginning the activity, I will independently seek any medical or other approvals necessary or appropriate for my participation.

I will at all times act in a safe manner and abide by all applicable County or other requirements. I will be responsible for checking and maintaining the safety and good operating condition of all equipment used as part of the activity.

I understand that this activity is not within the course or scope of my County employment. I completely release and discharge from any responsibility or liability the County of Riverside, including any County agencies or districts, and its officers, employees or agents (collectively referred to as "County") for any injury (including any physical injury or death), damage, claim, loss or expense related in any way to my participation in this activity.

I fully accept responsibility for all medical expenses that I may incur related to my participation. I understand the County is not providing medical or other insurance for the benefits of participants. However, this does NOT affect the employee's ability to file claims for medical care under the employee's own County or other health insurance program.

By signing below, I voluntarily agree to the terms stated in this document and will at all times comply with the requirements of Board Policy H-35.

**Signature:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

**THIS SIGNED FORM MUST BE RETURNED TO THE DEPARTMENT HEAD  
OR DESIGNEE BEFORE THE START OF PARTICIPATION**