TATC grants permission to _______________________ to participate in an exercise work release program to promote the health and physical well-being of the employee.

**General Provisions**

This exercise work release program is governed by the provisions of the TATC Exercise and Health Activity Policy. Authorization to participate in this physical fitness program will remain in effect unless:

a. There is a violation of the terms of this agreement and/or the intent of the program as defined in the policy; or

b. The program is canceled or otherwise determined to be unauthorized by the Vice President.

It is intended that this program be enacted whereby the exercise period is an extension of the normal lunch break, or at the beginning or end of a workday. Exceptions may be authorized by the Vice President should special circumstances warrant such action. 30 minutes per day for a maximum of three (3) days per week can be used as part of this program. The typical days and times in which the undersigned employee anticipates exercising are:

<table>
<thead>
<tr>
<th>Days of Week</th>
<th>Time</th>
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Following is a brief description of the intended exercise program and activities:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

**Certification and Authorization**

By signing, I certify that I understand and agree to all terms and conditions of the Exercise and Health Activity program as addressed in the policy and on this agreement form. I consent to voluntarily participate in this program and assume all risks associated with my designated exercise program. I waive and release all rights and claims against TATC for any and all injuries, ailments or other consequences that I may suffer from my participation in the exercise program.

_________________________   __________                        ____________________   __________
Employee Signature              Date                             Supervisor Signature          Date

HR Date Received: __________   Vice President Review: __________