



**FACILITY USE REQUEST FOR
UNSUPERVISED/UNINSTRUCTED PHYSICAL ACTIVITY**

SECTION A – To be completed by Exercise Group Contact Person

Name: _____ Classification _____

Office Phone: _____

Site Address: _____

Proposed Facility Use:

Day(s): ___Monday ___Tuesday ___Wednesday ___Thursday ___Friday

Time: _____ to _____ # of Weeks _____

of Employees Participating (including self): _____

Proposed Physical Activity:

- | | |
|--|--|
| <input type="checkbox"/> Stretching, Yoga, Pilates, T'ai Chi, Qigong | <input type="checkbox"/> Low-impact Aerobics |
| <input type="checkbox"/> Walking | <input type="checkbox"/> Light Weight Training |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Other _____ |

SECTION B – To be completed by Wellness Liaison

This Facility Use Request is approved, pending a completed safety inspection and final authorization by the Risk Management Unit, as follows:

___ Approved ___ Approved w/changes _____

Room Location _____

Name (Please Print)	Classification	Office Phone
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Signature	Date
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**PLEASE SUBMIT COMPLETED FORM TO:
RISK MANAGEMENT UNIT, EMPLOYEE WELLNESS, QIC 28505**

Rev 12/2/10