



## MONTANA STATE HOSPITAL POLICY AND PROCEDURE

### EMPLOYEE RECREATION HOSPITAL FACILITIES

**Effective Date:** October 18, 2016

**Policy #:** HR-09

**Page 1 of 2**

- I. PURPOSE:** To establish guidelines for employee utilization of hospital recreation facilities in the Therapeutic Learning Center (TLC).
- II. POLICY:** Montana State Hospital (MSH) recognizes the benefit of employee physical recreation to the overall moral and health of employees; MSH will allow the usage of recreation facilities at the TLC for that purpose.
- III. DEFINITIONS:**
  - A. Employee –Any person actively employed by the State of Montana.
  - B. Rehabilitation Therapy Services (RTS) – Hospital program responsible for Rehabilitation Therapy Services and Recreation Facilities within the Hospital.
- IV. RESPONSIBILITIES:**
  - A. All employees must abide by the guidelines of this policy and use recreation facilities in a safe professional manner.
  - B. It is the responsibility of staff assigned to the RTS Program to monitor employee recreational facility usage for guideline compliance.
- V. GUIDELINES:**
  - A. Employees using recreational facilities in the TLC are required to sign and acknowledge a Personal Recreation Activity Waiver. The waiver will be kept on file with the RTS Program.
  - B. An employee may not utilize the TLC recreational facilities without the presence of RTS staff. TLC access for the purpose of staff utilization of recreation facilities without RTS staff in attendance is prohibited.
  - C. Employee usage of the TLC recreational facilities is to be on an employee's non-work time and acknowledged by the employee's direct supervisor.



**VOLUNTARY EXERCISE DISCLOSURE FORM  
EXERCISE PROGRAM**

I am on my own time voluntarily participating in the \_\_\_\_\_ that is held on Department of \_\_\_\_\_ premises for recreational and fitness purposes only. I understand that participation in this activity is not part of my job with the Montana Department of \_\_\_\_\_ and the department is not requiring me to participate.

I understand that the program involves physical activity and represent that I am physically able to participate in the program. I understand the risks inherent with participating in the program such as but not limited to sustaining bruises, sprains, joint or back injuries, and heart attacks. I assume responsibility for these inherent risks.

By: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**VOLUNTARY EXERCISE DISCLOSURE FORM  
USE OF EQUIPMENT**

I am on my own time voluntarily using the exercise equipment that has been made available on the Department of \_\_\_\_\_ premises for recreational and fitness purposes only. I understand that using the equipment is not part of my job with the Montana Department of \_\_\_\_\_ and that the department is not requiring me to participate.

I am physically able to use the equipment and understand the use is unsupervised. I understand the risks inherent with using the equipment such as but not limited to sustaining bruises, sprains, joint or back injuries, and heart attacks. I assume responsibility for these inherent risks. I will properly use the equipment, and, if I have questions about proper use, I will contact the equipment manufacturer.

By: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_