

MEMORANDUM OF UNDERSTANDING FOR CIVILIAN EMPLOYEE PARTICIPATION

Return to the Healthy Workplace Coordinator:

By Mail:

Army Substance Abuse Program  
Healthy Workplace (MCHD-CSA)  
1520 Freedman Drive, Suite 300  
Fort Detrick, MD 21702-5016

By Fax: 301-619-6363

Civilian Employee

I, \_\_\_\_\_, understand that my participation in the Fort Detrick Healthy Workplace Physical Fitness Program will be up to three (3) one hour sessions each week for a total of 78 hours over the course of six (6) months, unless illness or injury dictate otherwise and that this program may only be utilized (1) one time during my employment. I also understand that participation will be my place of duty when permitted to attend during working hours and that all activity must be done within the parameters of Fort Detrick.

I hereby agree to hold harmless and release the United States, the Department of the Army, Fort Detrick installation, and all their agents and employees from any and all claims and demands resulting from any loss, damage, death, or injury to me or my property that may arise due to my participation in this program other than negligence on their behalf.

I understand that some portions of this program may be physically demanding, and I certify that I am in sufficient health to participate in the Fort Detrick Healthy Workplace Fitness Program.

I have read and understood the participation requirements of the Fort Detrick Healthy Workplace Program.

Signature \_\_\_\_\_ Date \_\_\_\_\_