



Waiver of Workers' Compensation Benefits for Recreational or Fitness Activities (C-159)

Claim number

Instructions

- x & RPSOHWH WKLV IRUP WR ZDLYH ZRUNHUV... recreational activities or fitness programs.
x In the space provided, list all employer-sponsored recreational activities and fitness programs for which the employee wishes to waive work...
x The employee must sign and date this form to acknowledge agreement.
x The employer shall retain the original for his or her files and provide a copy to the employee.
x The employer should submit a copy to BWC only when an employee files a claim for an injury or occupational disease sustained in the employer-sponsored recreational activity or fitness program. For further information, call 1-800-644-6292.

Employee name (Please print or type.) Date
Employer name : LWWHQEHUJ 8QLYHUVLW\ Policy number

Pursuant to Section 4123.01(C)(3) of the Ohio Revised Code (ORC), the employer and employee shall list those employer-sponsored recreational activities and fitness programs for which the employee wishes to waive all rights to workers' compensation and benefits. The waiver must be signed and dated prior to the date of injury or, in an occupational disease claim, the date of disability. Should an employee sustain an injury or occupational disease in an employer-sponsored recreational activity or fitness program, which is not listed WKH HPSOR\HH PD\ EH H( compensation benefits.

Recreational activities/Fitness programs
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I am voluntarily participating in the employer-sponsored recreational activities or fitness programs listed above. I waive P\ ULJKWV WR ZRUNHUV... while I participate in any of the above activities or programs. This waiver is valid for two years. This waiver does not apply WR DQ\ ZRUNHUV...

Employee signature Date signed