

**SAN BERNARDINO COUNTY  
PROBATION DEPARTMENT PROCEDURE**

**FITNESS FACILITIES**

**Authority:**

Tracy Reece, Chief Probation Officer

**Purpose:**

To establish guidelines for use of the San Bernardino County Probation Department Fitness Facilities.

**Responsibilities:**

**I. All Staff Using Department Fitness Facilities shall:**

- A. Be a current Probation Department employee.
- B. Only use the fitness facilities on non-paid County time.
- C. Watch the fitness facility training video.
- D. Sign the Release and Hold Harmless Agreement for the County of San Bernardino (Attachment A). The County's program of self-insurance does not provide medical payments if an employee is injured while using the exercise equipment.
- E. Sign-in/out and leave their driver's license at the front desk.
- F. Follow all applicable and posted rules/regulations/County and Department policies/procedures.
- G. Immediately report any injuries to a supervisory staff or their designee and document the injury on the Fitness Facility Injury Memo (Attachment B).
- H. Immediately report malfunctions of any fitness equipment to a supervisory staff or their designee.
- I. Not bring any duty equipment, knives, or other sharp objects into the fitness facilities.
- J. Wear work out attire consisting of shirts, pants, and/or shorts (no shorter than mid-thigh), and athletic shoes. The following attire is unacceptable:
  1. See-through or mesh clothing.
  2. Low cut or overly revealing clothing.
- K. Not loiter in Probation buildings while dressed in fitness attire and shall adhere to the Duty Dress Standards, Uniform Requirements, and Grooming procedure when not using the fitness facility.

**II. Supervisor or their designee ensure:**

- A. Employees adhere to the rules and regulations of the fitness facility.
- B. Injuries are documented on the Fitness Facility Injury Memo (Attachment B).
- C. Equipment is working properly.
- D. Equipment in need of repair is labeled inoperable until repaired.
- E. Reports of equipment malfunction are referred for repair.

**III. Trainees enrolled in Probation Officer/Probation Corrections Officer CORE Academy:**

- A. May, while on duty, and as specifically directed by Training Unit staff, use the fitness facility at the Department Training Center when engaged in the regular and supervised physical fitness curriculum of the CORE Academy.
- B. Shall follow all applicable and posted rules/regulations/County and Department policies/procedures.

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- C. Any trainee enrolled in a CORE Academy who is injured during participation in such authorized activities, shall immediately report the injury to supervisory Training staff who will handle the matter pursuant to established County and Departmental process.
- D. Training staff shall actively and consistently supervise any CORE trainees authorized to use the Department Training Center fitness facilities while they are engaged in the regular physical fitness curriculum of the CORE Academy.


**Inspections:**

Refer to the Policy and Procedure Inspection Matrix.

**References:**

Duty Dress Standards, Uniform Requirements, Grooming

Issued by:

  
\_\_\_\_\_  
Tracy Reece, Chief Probation Officer

Original Issue Date: October 28, 2021

Revised: February 24, 2022

**Attachments:**

- A-Release and Hold Harmless Agreement for the County of San Bernardino
- B-Fitness Facility Injury Memo



TRACY REECE  
Chief Probation Officer

JULIE FRANCIS  
Assistant Chief Probation Officer

**RELEASE AND HOLD HARMLESS AGREEMENT FOR  
THE COUNTY OF SAN BERNARDINO**

I, \_\_\_\_\_, fully understand that  
(Last) (First) (Middle)

The County of San Bernardino is a self-insured public entity pursuant to Government Code Section 990.4. I understand that the County’s program of self-insurance does not provide medical payments in the event that I am injured while using the exercise equipment in the Training Division’s Fitness Facility located at 9478 Etiwanda Ave., Rancho Cucamonga, CA. 91739, 21101 Dale Evans Parkway, Apple Valley, CA 92307 and 1300 E. Mt. View, Barstow, CA 92311. I also understand that the County’s program of self-insurance does not include any coverage for uninsured or underinsured Fitness Facility user. In the event that I am injured as a result of the act or omission of any party, other than the County, its officers or employees, my ability to recover special or general damages (as defined by the Civil Code) will be limited in that I will not be entitled to recover those damages from the County of San Bernardino. Notwithstanding the above acknowledgement, I understand that my participation in the Training Division Fitness Facility, exposes me to the risk of personal injury, death or property damage. I hereby acknowledge that I am voluntarily participating in this event and expressly agree to assume any such risks.

In consideration for being permitted in the use of fitness equipment at the Fitness Facility, I hereby release and forever discharge the County of San Bernardino, its officers, employees, agents and volunteers for any injury, death or damage to or loss of personal property arising out of or connection with my use from whatever cause, including the active or passive negligence of the County of San Bernardino, its officers, employees, agents and volunteers or any other participants in the Fitness Facility. In further consideration for being allowed to use the Fitness Facility, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I will indemnify and hold harmless the County of San Bernardino, its officers, employees agents and volunteers from any and all claims; including claims for Workers’ Compensation benefits, damages, demands, actions or suits arising out of or in connection with my participation in the program brought by any third party.

**I HAVE CAREFULLY READ THIS RELEASE AND HOLD HARMLESS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT OF MY OWN FREE WILL.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Use of Department Exercise Equipment**

On \_\_\_\_\_, I viewed the proper use of exercise equipment power point explaining the operation, maintenance, functions and uses of the exercise equipment located at the San Bernardino County Probation Training Center. I understand the use of the exercise equipment located at the training facility is a right and misuse of equipment or failure to follow the rules and regulations of the exercise equipment will result in my loss of privilege to use the exercise facility. I understand that training staff will be available, if any questions or concerns about the rules or use of equipment should arise. The weight machines and other exercise equipment located at the training facility are there for employees off duty convenience. This equipment shall not be used while on duty unless during a department approved training or exercise. The department does not warrant the mechanical condition of this exercise equipment or assume any responsibility for its condition or for any injuries associated with its use. Any injury resulting from the use of this equipment shall not be considered an occupational injury.

\_\_\_\_\_  
Officer Signature

Employee # \_\_\_\_\_

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

\_\_\_\_\_  
Training Supervisor

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



# INTEROFFICE MEMO

DATE:

PHONE

FROM: Employee ID:

(First Name / Last Name)

TO: Probation Training

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**SUBJECT: Fitness Facility Injury Memo**

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On \_\_\_\_\_, at approximately \_\_\_\_\_ hours, I received an injury as a result of:

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I reported the injury to \_\_\_\_\_ (name of Supervisor). The County's program of self-insurance does not provide medical payments in the event that an employee is injured while using the exercise equipment.

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Employee's Name	Employee Signature	Emp ID	Date
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Supervisor's Name	Supervisor's Signature	Emp ID	Date
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*Original: Probation Training  
CC: Probation Medical File  
CC: Supervisor  
CC: Employee*