



Waiver of Workers' Compensation Benefits
for an Employer-Sponsored Recreation or
Fitness Activity (C-159)

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| Claim number |
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Instructions

- This form waives workers' compensation coverage for an employee's voluntary participation in an employer-sponsored recreation or fitness activity.
- The employee **must** sign and date this waiver prior to engaging in the employer-sponsored recreation or fitness activity listed below for this waiver to be valid.
- The employer **must**:
 - Retain the original for their records.
 - Provide a copy to the employee.
 - Submit a copy to BWC only if the employee files a workers' compensation claim for an injury or occupational disease sustained during the employer-sponsored recreation or fitness activity listed below.
- Submit to BWC by Fax: 1-866-336-8352; or Mail: BWC Mail Processing Center Attn: Claims Services 30 W. Spring St. Columbus, OH 43215-2256.

| Employee information | |
|--|---|
| Name | |
| Employer information | |
| Name | BWC policy number |
| Event | Date |
| List the specific recreation or fitness activity: | List the specific date(s) of participation: |
| <ul style="list-style-type: none"> • I am voluntarily participating in an employer-sponsored recreation or fitness activity listed above. • I waive my rights to compensation and benefits under the Ohio Revised Code, for any injury or occupational disease that may occur while I voluntarily participate in the above recreation or fitness activity. • This waiver does not apply to a death benefits workers' compensation claim filed by my dependents. • The waiver must be signed and dated prior to engaging in the recreation or fitness activity. • This waiver is valid for two calendar years. | |
| Employee signature | Date signed |