



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

Claim number

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:

Employee signature and date

- 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