



# WELLNESS PROGRAM PARTICIPATION FORM

**Form Action**

Initial Enrollment  
 Schedule Change  
 Annual Re-enrollment  
 Participation Discontinuation

**Effective Date:** \_\_\_\_\_

**Section 1 - Employee/Participant Information**

Employee Name: _____	
Department: _____	Title: _____
Telephone Extension: _____	E-mail: _____

**Section 2 - Wellness Plan Participation Schedule**

Day(s)	Time	Total # of minutes
	<i>Begin</i> _____ / <i>End</i> _____	
	<i>Begin</i> _____ / <i>End</i> _____	
	<i>Begin</i> _____ / <i>End</i> _____	

**Please check all activities in which you plan to participate:**

<input type="checkbox"/> Walking	<input type="checkbox"/> Swimming
<input type="checkbox"/> Jogging	<input type="checkbox"/> Use of various equipment available in the RWC
<input type="checkbox"/> Basketball	<input type="checkbox"/> Aerobics and/or other fitness courses offered by the Athletics department
<input type="checkbox"/> Weight Training	<input type="checkbox"/> Other _____
<input type="checkbox"/> Racquetball	

**Section 3 - Participant Acknowledgement**

I, the undersigned, **acknowledge that I have consulted with my personal physician or personally attest that I am physically fit to participate in the SPSU Wellness Program.** As a participant in the program, I agree to assume full responsibility for participation and any consequences associated with my participation. In addition, I agree on behalf of myself, my assigns, executors, and heirs, to release, hold harmless, and indemnify Southern Polytechnic State University and the Board of Regents of the University System of Georgia from any and all liability, damage, claim or loss of any nature arising out of or in anyway related to my participation in the SPSU Wellness Program.

I also understand that my supervisor reserves the right to modify and/or terminate my participation in the SPSU Wellness program as he/she deems appropriate based on departmental activities, projects, and/or assignments. Additionally, I understand that I must submit an updated participation approval form in January of each year.

\_\_\_\_\_

**Employee Signature** \_\_\_\_\_  
**Date**

**Section 4 - Supervisor Determination**

This request for participation in the SPSU Wellness Program is Approved or Denied (*please state reason for denial* \_\_\_\_\_).

If this request is approved and it becomes necessary to amend or terminate participation in the Wellness Program, an updated participation form will be submitted.

\_\_\_\_\_

**Supervisor Signature** \_\_\_\_\_  
**Date**

**For HR Use Only**

Date Received: _____	Notes / Comments: _____