

AGENCY WELLNESS PROGRAM

Participation Agreement

In consideration of the (Agency Name) providing wellness program activities for my benefit, I agree to the following:

- The wellness program offered by the State of Idaho and my employing agency are voluntary and not required by my employment. I am not within the scope and course of my employment while participating in the wellness program.
- I understand that the wellness program encourages me to consult with my medical providers prior to beginning any physical activity. I have consulted or have knowingly chosen not to consult with my medical providers concerning limitations on my participation in the wellness program. I will not exceed my physical limitations while participating in the wellness program.
- I could be injured while participating in the wellness program, including injuries arising from physical activity. My injuries could require medical treatment, be permanent or lead to my death. Should I be injured while participating in the wellness program, I acknowledge that such injury and resulting medical treatment is a risk I chose to accept voluntarily.
- I will not, nor will anyone on my behalf, hold the State of Idaho or any agency, officer, representative, agent or employee of the State of Idaho responsible for any claim, cost, loss, liability or expense arising out of or in any manner connected with my participation in the wellness program.

The above terms shall apply to any wellness program activities in which I elect to participate and may be modified only by a writing signed by both myself and an authorized State of Idaho representative. I have read, understand, and consent to the above terms.

Signature

Printed Name

Agency

Date