



2017 Spring Walking Program Enrollment and Release

I acknowledge that I reviewed and signed off on the online release and that I, individually, expressly and specifically assume any and all risk of injury, illness or death resulting from participation in the Walking Program. I understand that I should consult a physician before enrolling myself. Once I sign, I understand the risks involved and accept all of these risks.

I agree to comply with the program guidelines and rules as outlined and I understand that the guidelines are subject to modification. I acknowledge that the steps recorded will be from my own physical activity.

If eligible, I agree to use any rewarded personal leave per the program guidelines. If my employment terminates prior to the awarding of the personal leave, I understand I will forfeit the leave. I acknowledge I will follow the current personal leave policies.

I understand that I am responsible for the full cost of the program even if I choose not to complete the program or terminate my employment. I understand that the College will withhold any unpaid amount out of my last paycheck. Having read, understood, and agreed with these terms, I acknowledge my participation in the program.

Signature: _____

Print Name: _____ Date: _____

Payment Options

New Participant – Total Cost \$54

____ I do not own a pedometer and elect to participate in the Walking program which includes the cost of the Fitbug ORB pedometer through CHC Wellness (\$27) and enrollment (\$27). I am paying for the total cost of **\$54** by **check or cash**.

____ I hereby authorize East Central College to initiate **payroll deduction** for my enrollment and participation in the Walking Program in the amount of **\$9.00** per pay period over 6 pay periods running February 3, 2017 – April 28, 2017.

Returning or New Participant with Pedometer – Total Cost \$27

____ I already own a pedometer, Jawbone, Fitbit, Garmin Vivofit, or Fitbug device and elect to participate in the Walking program at a cost of \$27. I am paying for the total cost of **\$27** by **check or cash**.

____ I hereby authorize East Central College to initiate **payroll deduction** for my enrollment and participation in the Walking Program in the amount of **\$4.50** per pay period over 6 pay periods running February 3, 2017 – April 28, 2017

Please return completed form to Human Resources by January 24, 2017.