

Be Alive Points Program

Alive & Well Onsite Employee Wellness Program

Enrollment and Release of Liability

Full Name: _____ Age: _____

Occupation: _____ School/Dept: _____

Wellness Representative: _____ T-shirt Size: _____

Current Level of Physical Activity: None/Sedentary

Moderate/Sometimes

Vigorous/Often

Waiver and Release of Liability

I, _____, agree that if I engage in the Be Alive Points Program, I do so at my own risk. I understand and agree that my participation in the Be Alive Program is voluntary.

On behalf of myself, my heirs, executors, administrators, successors and assigns, I expressly agree to indemnify, release, and hold harmless the Onsite Employee Health and Wellness, CMCEIT, CMCSS, and/or Montgomery County, Tennessee, and their agents/representatives against any and all claims, demands, damages, actions that may arise from injuries or damages sustained by me.

By signing below, you have acknowledged that you have carefully read this document in its entirety and fully understand the waiver and release of liability.

Participant's Signature

Date

**Please submit this form to Katie Massman, Onsite Registered Dietitian/Health Coach, by interoffice mail to the main Onsite clinic or scan/email to katie.massman@cmcss.net.