

Employee Wellness Enrollment Form

Full-Time Faculty Part-Time Faculty Full-Time Staff Part-Time Staff

Name:		Date:	
Department:		ID #:	
Street Address:		City:	
State:	Zip Code:	Email:	
Phone #:		Age:	
Emergency Contact:		Phone #:	

Enrollment Instructions:

For complete information regarding eligibility, programs, policies, and benefits, visit HYPERLINK "http://www.springfield.edu/student-life/campus-recreation/employee-wellness" www.springfield.edu/student-life/campus-recreation/employee-wellness.

Each participant must complete this enrollment form. The completed form should be brought into the Campus Recreation office in-person or via interoffice mail.

Agreement and Waiver:

The undersigned participant agrees that participation in the Springfield College Employee Wellness program shall be undertaken at his/her sole risk and that Springfield College shall not be liable for any injuries, accidents or deaths occurring to the participant, arising either directly or indirectly out of participating in the Springfield College Employee Wellness program. The participant, for him/herself and on behalf of his/her executors, administrators, heirs and assigns, does hereby expressly release, discharge, waive, relinquish, and covenants not to sue Springfield College, its officers and agents for all such claims, demands, injuries, damages or cause of action, with respect to participation in the Employee Wellness program. The undersigned participant declares that he/she is physically capable of pursuing physical activity. The undersigned visitor agrees to abide by the policies of the Springfield College Employee Wellness program.

Signature of Applicant: _____ **Date:** _____
