UK Health & Wellness

Name: _____ Date: _____

Health & Wellness ID (last four digits of SS#): _____ D.O.B _____ Gender: M F

☐ UK Employee ☐ CKMS Employee ☐ Retiree ☐ Spouse* ☐ Sponsored Dependent*

*If a spouse or sponsored dependent, please provide UK employee's name: _____

I attest that the above information is true and correct to the best of my knowledge. If this information is found to be falsified, it may result in disciplinary action being taken against the employee up to and including termination of this benefit and/or employment.

Contact Information (Employees, give WORK information. Spouses/Sponsored Dependents/Retirees give HOME information.)

Department: _____ Rm & Bldg: _____ Speed Sort: _____

Work Phone: _____ Home Phone: _____ E-Mail: _____

Emergency contact: _____ Emergency Phone: _____

Physician Name: _____ Physician Phone: _____

Waiver Agreement/Contract

The University of Kentucky (UK) offers, as part of its employee benefits, a variety of health promotion programs such as aerobics, walk/jog, weight training, aquatics, and general health education programs. In a healthy individual, the risk during exercise is less than the risk of not exercising and I realize that there is inherent risk in any vigorous physical conditioning program such as those offered by the UK Health & Wellness Program. Risks include bruises, sprains, and muscle pulls, along with more serious problems such as heart attacks, heart rhythm abnormalities, and other cardiorespiratory problems.

I understand that at the discretion of the Health & Wellness staff I should consult with my physician and get a physician's clearance form signed prior to embarking on any exercise or test program if I am:

1. 45 years of age or older and apparently healthy,
2. of any age with health factors of concern (e.g., known heart problems).

A health history, physical exam, laboratory tests, x-rays, and/or cardiovascular stress test (CVST) are to be performed at the discretion of my physician in the above situations.

I agree to carefully follow the individualized guidelines for exercise participation both within and outside of class and fitness facilities. I am aware that deviation from these guidelines may cause unwarranted risk. I agree to reveal any and all potential medical contraindications to exercise. I am aware that failure to provide adequate information will impair the ability of the Health & Wellness staff with respect to prescribing appropriate individualized exercise programs.

I understand that the Health & Wellness Program may collect photographs, audiotape, and/or videotape of wellness sessions for evaluation, publicity and/or internal quality assurance. I hereby give my written permission with the understanding that I will be asked for my permission verbally at the time such reproductions are made.

I understand that all personal information and health data will be held in strict confidence. Any information and data collected by the University of Kentucky Health & Wellness Program may be provided to StayWell Health Management so that StayWell Health Management may enter your health data into your Healthtrac Rewards Health Assessment Questionnaire, which is offered to you as a plan benefit. This information will be held confidential in accordance with StayWell Health Management's Health Risk Assessment privacy consent.

I further understand that acceptance into Health & Wellness Program activities is a privilege, which may be revoked or denied if I fail to meet or continue to meet the criteria set forth for particular activities or the general program.

I, the undersigned, fully understand and appreciate the risks of participation in the program, and knowingly accept them as my responsibilities.

_____ _____ _____

Signature Date Please print name clearly